

Sign up for PAT

Personal Audio Teller Service

Please fill out the following and mail or bring to your credit union office.

If you choose to mail the application, please mail it to:

UFCW of America

P.O. Box 680
Moorestown, NJ 08057-0680



Fields marked with an asterisk* are required.

Full Member Name *

Member Number *

Please select a 4 digit personal identification number (PIN) *

E-mail Address

If printing and mailing, please sign & date below:

Signature Date _____

Signature of joint owner, if joint account Date _____



Your savings federally insured to at least \$100,000
and backed by the full faith and credit of the United States Government
National Credit Union Administration, a U.S. Government Agency