

Business name (as identified on account title) _____

Account number _____

☐ **Add** ☐ **Remove**

Administrator's name _____
First middle last

Mailing address _____
Street/PO Box City State ZIP code

Business telephone _____ Administrator's email _____

For verification purposes:

Administrator's Social Security number _____ Administrator's date of birth _____

☐ **Add** ☐ **Remove**

Administrator's name _____
First middle last

Mailing address _____
Street/PO Box City State ZIP code

Business telephone _____ Administrator's email _____

For verification purposes:

Administrator's Social Security number _____ Administrator's date of birth _____

I/we as authorized representatives of the organization identified above request that Everence Federal Credit Union establish/update MyCardInfo online access for the organization's business credit card relationship. By requesting such access I/we agree to accept full liability for any implemented changes initiated in both an immediate and delayed request format through this service. My signature below authorizes the identified individual to conduct the applicable transactions available through MyCardInfo. I/we understand there will be a \$10 maintenance fee for telephone or email requests processed by the credit union.

Signature (must be a signer on the account)

Date

Please include copy of administrator's driver's license to have on file.

Card Services Group

Company ID

Date received

Date entered

Administrators user name

Date communicated with administrator

Email, fax or mail the completed form to the electronic services and operations department:

Everence Federal Credit Union

2160 Lincoln Highway E., Ste. 20
Lancaster, PA 17602-1150
everence.com

Toll-free: 800-451-5719
F: 717-735-8331
infocu@everence.com

Email: infocu@everence.com

Fax: 717-735-8331

2160 Lincoln Highway E. Ste. 20
Lancaster, PA 17602