



3661 Nth 6th, Abilene TX, 79603

325-691-2300 / 1-800-535-2157 / Fax 325-673-0069 / www.coafcu.org

REQUEST FOR ELECTRONIC COMMUNICATION

Date: _____

Member Number: _____

Name: _____

By signing this Request for Electronic Communication, I agree to abide by Communities of Abilene Federal Credit Union regulations, policies, and bylaws. I understand that by requesting communications via email or text, I am accepting responsibility and authorizing the use of electronic communications. I am giving Communities of Abilene authorization to send me emails or texts for important communications and or marketing materials.

Signature Required

Email address: _____

Mobile phone number: _____

Primary Name: _____

Primary Signature: _____

Joint Name: _____

Joint Signature: _____

Please drop off to one of our 3 locations. Thank you.