



Yes, Sign Me Up For A.R.T.

Primary Member: _____

Account #: _____

Address: _____

Home Phone: _____

Work Phone: _____

I would like my PIN number to Be:

Your A.R.T. Personal Identification Number (PIN) is yours alone. No one else knows your PIN and therefore, no one else has access to your account information. Please protect your PIN by not disclosing it to anyone. Also, please don't write your PIN on your code card.

I would like the ability to transfer & obtain balances from the following accounts:

Account # _____ Suffixes: _____

Signature of Primary Owner: _____

Account # _____ Suffixes: _____

Signature of Primary Owner: _____

Mail your application to: ***Lisbon Community Federal Credit Union***
Attn: Member Services
PO Box 878
Lisbon, ME 04250-0878