



# CORA\* APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

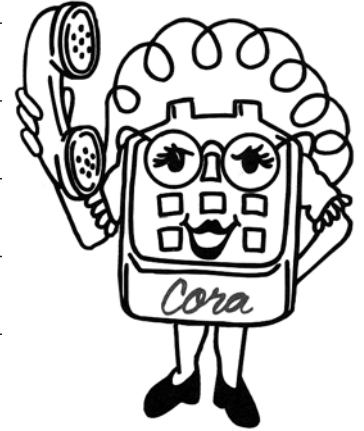
City, State, ZIP \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Member Number \_\_\_\_\_

I would also like to transfer funds to the following family members accounts:

# \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_



\*Computer Operated Resource Assistant

I understand CORA's functions and how they may be accessed. I also understand that I must know my account number(s), my PIN (Personal Identification Number), and use a touch-tone phone to access my accounts.

My signature below denotes my acceptance of the terms and conditions of this application and my agreement to comply with all Brokaw Credit Union rules.

By signing, I agree not to use my Personal Identification Number to access the Audio Response System until I have a copy of the FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURE STATEMENT provided by Brokaw Credit Union. I understand that anyone to whom I give my CORA Personal Identification Number is authorized by me to access my account.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Our Mailing Address

Brokaw Credit Union  
PO Box 151  
Brokaw, WI 54417  
tel: 715-675-2319  
fax: 715-675-5511