



## Kasasa Member Request Authorization Form

NAME \_\_\_\_\_  
PLEASE PRINT

DATE \_\_\_\_\_

ACCT # \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

This request gives authorization to Atlantic Federal Credit Union to convert my Basic Checking or Benefits Plus Checking to the following Kasasa account:

Kasasa Cash Back

Kasasa Cash

You may continue to use the checks you already have with your new Kasasa Cash Back or Kasasa Cash Account.

Indicate below if you would also like to add a free Kasasa Saver Account.

Add Kasasa Saver

\_\_\_\_\_  
MEMBER SIGNATURE

(\_\_\_\_\_) \_\_\_\_\_  
DAYTIME PHONE NO.

Scan this form and e-mail to: [info@atlfedcu.com](mailto:info@atlfedcu.com)

Or fax to 908-245-0680