



X-TEL Password Request Form

To complete this form:

1. Fill in the information requested, including your X-TEL Password selection.
2. Print, sign and date the form, then return:
  - By fax: 978-952-8535 or 888-279-7725
  - By mail: 25 Porter Road, Suite 100 Littleton, MA 01460-1434
  - In person at any branch.

Hanscom FCU Member Number \_\_\_\_\_

Name \_\_\_\_\_

Email: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Work Telephone \_\_\_\_\_

Joint Member Name (if applicable) \_\_\_\_\_

I agree not to disclose my X-TEL Password or make it available to anyone not authorized to access my account. Hanscom FCU may terminate my use of X-TEL if:

- I, or any authorized user of my X-TEL Password, breach this or any other agreement I have with Hanscom FCU.
- Hanscom FCU has reason to believe that there has been an unauthorized use of my X-TEL Password.
- I notify Hanscom FCU to discontinue X-TEL service.

I understand that all the terms and conditions associated with my accounts that are affected or accessed by X-TEL are incorporated by reference. Hanscom FCU reserves the right to change the terms and conditions of this agreement and I will be notified of such changes.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Member's Signature (if applicable)

\_\_\_\_\_  
Date

**Password Selection**

Your Password must be from 4 to 8 characters long (with no spaces) and may contain any combination of numbers and letters. It should not contain the letters q or z or special characters (\$, @, etc.). It should not consist of sequential numbers (such as 1-2-3-4) nor should it contain the last four digits of your Social Security number. X-TEL Passwords are not case sensitive.

