

**PIONEER WEST VIRGINIA FEDERAL CREDIT UNION**  
**Application for AUDIE**

**Account Number** \_\_\_\_\_

**Member Name** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**Home Telephone** \_\_\_\_\_

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

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Joint Owner Name (if applicable)** \_\_\_\_\_

**Joint Owner Signature (if applicable)** \_\_\_\_\_

**Date** \_\_\_\_\_

**Desired Password Digits (4)** \_\_\_\_\_

**Pioneer West Virginia Federal Credit Union**  
**P.O. Box 2524**  
**Charleston, WV 25329**  
**Fax: 1-304-347-7473**