

# I'm ready to GO!



Name \_\_\_\_\_ Account Number \_\_\_\_\_  
(one account per form)

Daytime Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Check all that apply:

Yes, I would like to begin using the upgraded eValley system.

I would also like to begin using these new services:

BillPayer+

eStatements

I **am** a current eValley user.

I am **not** a current eValley user.

Signature: \_\_\_\_\_

This is a request for eValley service. Your service will be activated upon receipt of this request. A letter will be sent to the address listed for the primary member on the account, providing you with the password you will need to start using this convenient, free service.

For more information about eValley, call (540) 982-3931 or e-mail [info@roanokevalleyfcu.org](mailto:info@roanokevalleyfcu.org).

**Mail to:**

Roanoke Valley Credit Union  
Attn: Member Service  
P.O. Box 13045  
Roanoke, VA 24030

**or Fax to:**

(540) 982-3937