



D.A.K. CODE FORM

**Members Preferred
Credit Union**
1515 Hoopes Ave
Idaho Falls, ID 83404
208-523-0090
memberspreferred.org

I, _____ account number _____ do hereby authorize Members Preferred Credit Union to place a Date Authorization Key (DAK password) on my account. My account will only be accessed using my DAK, and am responsible for any transactions that are made subsequent to this password. I acknowledge that MPCU will be in compliance with my account privacy, and with the Privacy Act of 1974 5 U.S.C subsection 552A. I also take responsibility for sharing this password with all people who are joint owners on said account

Members Preferred Credit Union will not disclose information about you to anyone who is not on the account and who does not know your personalized DAK, except as permitted by law. We restrict access to information about you to those employees who need to know that information to provide products or services to you. We maintain, physical, electronic and procedural safeguards to protect this information

By using the DAK you acknowledge that you understand and are responsible for the security of the said DAK and/or other data necessary to access your information and therefore will be responsible for any activity in your account utilizing that access data

X _____ Date _____ DAK Desired _____
Member Signature

Staff Initials upon Verification _____