



Virtual Branch Enrollment Application

Access to Services. You will access the services via:

Internet

Your Information.

Social Security #: _____

E Mail Address: _____

Please check one: Mr. Mrs. Ms.

First Name: _____ M.I.: _____

Last Name: _____

Joint Account Owner Information (if applicable)

First Name: _____

Last name : _____

Street Address: _____

City: _____ State: _____

Zip: _____ Home Phone: _____

Work Phone: _____

Mother's Maiden Name: _____

(Used for security verification)

****Bill Payment Account(s).** Select up to two checking accounts to pay bills from. Check box if it is a joint account.

Account #: _____ Joint Acct

Type of account: Checking only

Account #: _____ Joint Acct

Type of account: Checking only

Additional Home Banking Account(s). The accounts listed above as Bill Payment accounts are also available as Home Banking accounts. List all account types.

Membership #: _____

Joint Acct

Membership #: _____

Joint Acct

Membership #: _____

Joint Acct

Membership #: _____

Joint Acct

Authorization:

You desire to subscribe to the Services and authorize Us, and any third party acting on Our behalf, to serve as Your agent in processing payments to targeted Merchants and/or transfers to and from targeted Accounts pursuant to Your payment and/or transfer instructions, and You authorize Us to post such payment and/or transfer to Your designated Account(s). You understand that We may not make certain payments and/or transfers if sufficient funds are not available in Your designated Account. This authorization is in force until revoked by You or Us in writing and is subject to the **Service Terms and Conditions** (a current copy of which will be furnished to You) as amended from time to time.

Signature: _____ Date: _____

Signature: _____ Date: _____

(Required when joint accounts are specified)

Application Procedure: Please complete the application form as instructed. Sign and return it to your branch or to the address listed below. You will receive a Welcome Packet, which includes instructions for use of the service and your security code.

No charge for Home Banking without Bill Pay.

****Fees for Bill Payment Service:**

\$7.00 per month. (Includes 10 payments)

.20 per payment over 10.

Return to:

ECU Credit Union
Virtual Branch Services
P. O. Box 4818
Seminole, FL 33775