

CONSUMER CREDIT UNION

Online Banking and Bill Payment Enrollment Application

<p>Services Requested. Check the services requested.</p> <p><input type="checkbox"/> Online Banking (no charge) <input type="checkbox"/> Bill Pay (no charge if at least 1 bill per month is paid. If no bills are paid, the charge is \$5.95 per month)</p> <hr/> <p>Your Information. Social Security #: _____ First Name: _____ M.I.: _____ Last Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____ Work Phone: _____ Mother's Maiden Name: _____ (Used for security verification) Email Address: _____</p> <hr/> <p>Joint Account Owner Information (if applicable) First Name: _____ Last Name: _____</p> <p>Bill Payment Account(s): Select up to two checking accounts to pay bills from. Check box if it is a joint account.</p> <p>Account #: _____ <input type="checkbox"/> Joint Acct Type of account: Checking only</p> <p>Account #: _____ <input type="checkbox"/> Joint Acct Type of account: Checking only</p> <p>Additional Online Banking Account(s). The accounts listed above as Bill Payment accounts are also available as Online Banking accounts. List all account types.</p> <p>Account #: _____ <input type="checkbox"/> Joint Acct Type of account: _____</p> <p>Account #: _____ <input type="checkbox"/> Joint Acct Type of account: _____</p>	<p>Account #: _____ <input type="checkbox"/> Joint Acct Type of account: _____</p> <p>Account #: _____ <input type="checkbox"/> Joint Acct Type of account: _____</p> <p>Account #: _____ <input type="checkbox"/> Joint Acct Type of account: _____</p> <p>Account #: _____ <input type="checkbox"/> Joint Acct Type of account: _____</p> <p>Account #: _____ <input type="checkbox"/> Joint Acct Type of account: _____</p> <p>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 online banking transactions and payments to targeted Payees pursuant to Your payment instructions, and You authorize Us to post such payment to Your designated Account(s). 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.</p> <p>Signature: _____ Date: _____</p> <p>Signature: _____ Date: _____ (Required when joint accounts are specified)</p> <hr/> <p>Application Procedure: Please complete the application form as instructed. Sign and return it to any Consumer Credit Union branch location or to the address listed below. You will be mailed instructions for use of the service and your security code.</p> <p>Return to: Consumer Credit Union 311 CCU Boulevard Greeneville, TN 37745</p> <hr/> <p>For Office Use Only Received By _____ Date: _____ Entered By _____ Date: _____ MICR Number(s): _____</p>
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