



VIRTUAL BRANCH HOME BANKING REQUEST FORM

Please select the services you are requesting. Check all that apply.

_____ Bank IT: Virtual Branch Home Banking (free) _____ Pay IT: Virtual Branch Bill Pay (\$4.95 per month)

Request is for Member #: _____ **Share/Loan Type:** _____ All Types Specify: _____

Your Information: (all information required)

Name: _____ Social Security #: ____-____-____
Address: _____ City/St/Zip: _____
Email: _____ Home Phone: _____
Cell Phone: _____

For security purposes please provide a security hint phrase and answer:

Hint Phrase or Question: _____ Answer: _____

Special Request: _____

Authorization and Disclosure: I request to enroll in the service(s) checked below and authorize United Credit Union or any third party acting on our behalf, to serve as your agent in processing payments to 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. You understand that we may not make certain payments and/or transfers if sufficient funds are not available in your designated account. You understand that you will be charged any applicable fees associated with the selected service. This authorization is in force until revoked by you or United Credit Union in writing and is subject to the terms and conditions of: Membership and Account Agreement, Electronic Funds Transfer Agreement and Disclosure, and Rate and Fee Schedule.

Signature: _____ **Date:** _____

For Multiple Accounts: Please have primary owner complete an application and request to tie home banking account to your account. To have access all owners must be joint account owners as per account card agreement.

Add Spouse Account to My Sign on: Have Spouse complete and sign:

Name: _____ Social Security #: ____-____-____
Address: _____ City/St/Zip: _____
Email: _____ Home Ph: _____ Cell: _____
Signature: _____ **Date:** _____

Add Parent/Child's Account to My Sign on: Have Primary Owner complete and sign.

Member #: _____ Share Type: _____

Name: _____
Social Security #: ____-____-____
Address: _____
City/St/Zip: _____
Email: _____
Home Ph: _____ Cell: _____
Signature: _____ **Date:** _____

For Credit Union Use Only:
Process Date: _____
Emp. Initials: _____
Disclosures Provided: _____
Imaged: _____

