



ON-LINE BANKING APPLICATION

1325 Oxford Drive • Allentown, PA 18103
(610) 791-2464 • Fax (610) 791-2900

Yes! I want convenient Internet access to my Credit Union accounts. I wish to request CU On-Line Services as follows:

Your Information

Social Security #		
First Name	MI	Last Name
Street Address		
City	State	Zip
Home Phone	Work Phone	E-mail Address
Mother's Maiden Name (used for security purposes)		

Joint Account Owner Information

First Name	Last Name
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General Account Information

Primary Account Number

eStatements

Check the box if you would like eStatements	<input type="checkbox"/> Please email my account statements
Account #	
Email address:	
Signature	Date

Bill Payment Account(s) (Monthly fee applies)

Check the box if this is a joint account	
Account #	<input type="checkbox"/> Joint Account
Type of account: Checking Only	
Account #	<input type="checkbox"/> Joint Account
Type of account: Checking Only	

NOTE: Bill Payments should be made at least five (5) business days prior to their due date.

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 payments and/or transfers to 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 with your welcome kit) as amended from time to time.

Signature	Date
Signature	Date

(Required when joint accounts are specified)