



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 _____

General Account Information

Primary Account Number _____

eStatements

Check the box if you would like eStatements Please email my account statements

Account # _____

Email address: _____

Signature _____ Date _____

Bill Payment Account(s)

Check the box if this is a joint account

Account # _____ Joint Account

Type of account: Checking Only

Account # _____ 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)