



Advanced Financial
FEDERAL CREDIT UNION

Banking. Only Better.™

I am applying for: Online Banking/e-Statements OR Bill Pay*

PRIMARY Account Holder

Name _____ Social Security # _____ Date of Birth _____

SECONDARY (If applicable)

Name _____ Social Security # _____ Date of Birth _____

Street Address _____ City _____ State _____ ZIP _____

Home Phone _____ Work /Alternate Phone _____

Email Address: _____

Confirm E-Mail Address: _____

Your credit union account # _____

Authorization: By signing below, I am applying for Online Services, acknowledging receipt of the terms and conditions of this agreement and disclosure statement to which I agree to be bound; and certifying that all information I have provided is accurate. By signing this enrolment form, I am voluntarily contracting with (Advanced Financial FCU) to act as my agent, to include electronic remittance and origination provisions to my merchant I add to my Online services account.

SIGNATURE _____ DATE _____

JOINT SIGNATURE _____ DATE _____

Confirmation E-Mail will be receiving within two business days.

* Active Checking account is required to apply for Bill Pay service.