

YOUR COMMUNITY CREDIT UNION
The Banking Alternative in New Costle County

HOME BANKING & BILL PAYER & T-3 ENROLLMENT APPLICATION

| Please sign me up for: | Home Banking | Bill Payer* *Members must have Home Banking and a | |
|--|--------------|--|--|
| | T-3 | Community Powered FCU Checking Account in good standing to apply for the Bill Payer service! | |
| | MEMBER INF | <u>ORMATION</u> | |
| Member Account # | | JOINT ACCOUNT OWNER (IF APPLICABLE) | |
| First Name | | First Name | |
| Last Name | | Last Name | |
| SSN (Last 4) | | SSN (Last 4) | |
| Mother's Maiden Name | | | |
| Email Address (Required | 1) | | |
| Street Address | | | |
| City | 1 | Home Phone | |
| State Zip Code | | Work Phone | |
| | • | with Community Powered FCU that you want ne Banking is already set up on those accounts. | |
| Account # | Account # | Account # | |
| | | Account # | |
| Account # | Account # | Account # | |
| | PLEASE SIGN | N AND RETURN BY: | |
| Mail | <u>Fa</u> | <u>Email</u> | |
| Community Powered FC 1758 Pulaski Hwy Bear, DE 19701 | (302) 39. | 2-2949 mserve@cpwrfcu.org | |
| SIGNATURE OF PRIMARY | DATE | SIGNATURE OF JOINT OWNER DATE (If Applicable) | |