

# Manville Area Federal Credit Union "Bank From Home"

## Internet Banking Enrollment Application

<p><b>Your Information.</b>          Social Security #: _____          First Name: _____ M.I.: _____          Last Name: _____</p> <p><b>Joint Account Owner Information (if applicable)</b>          First Name: _____          Last Name: _____          Street Address: _____          City: _____ State: _____          Zip: _____          Home Phone: _____          Work Phone: _____          Mother's Maiden Name: _____          (Used for security verification)</p> <hr/> <p>Email Address: _____</p> <hr/> <p><b>Internet Banking Account(s)</b> List all account types you want available for internet banking. Check box if it is a joint account.</p> <p><b>Account #:</b> _____ <input type="checkbox"/> Joint Acct          Type of account: _____</p> <p><b>Account #:</b> _____ <input type="checkbox"/> Joint Acct          Type of account: _____</p> <p><b>Account #:</b> _____ <input type="checkbox"/> Joint Acct          Type of account: _____</p> <p><b>Account #:</b> _____ <input type="checkbox"/> Joint Acct          Type of account: _____</p> <p><b>Account #:</b> _____ <input type="checkbox"/> Joint Acct          Type of account: _____</p> <p><b>Account #:</b> _____ <input type="checkbox"/> Joint Acct          Type of account: _____</p> <p><b>Account #:</b> _____ <input type="checkbox"/> Joint Acct          Type of account: _____</p> <p><b>Account #:</b> _____ <input type="checkbox"/> Joint Acct          Type of account: _____</p>	<p style="text-align: center;"><b>Authorization:</b></p> <p>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 internet banking transactions, and You authorize Us to post such transactions to your designated Account(s). This authorization is in force until revoked by You or Us in writing and is subject to the <b>Service Terms and Conditions</b> (a current copy of which will be furnished to You) as amended from time to time.</p> <p>Signature _____ Date: _____</p> <p>Signature _____ Date: _____          (Required when joint accounts are specified)</p> <hr/> <hr/> <hr/> <p style="text-align: center;"><b>Application Procedure</b></p> <p>Please complete the form as instructed. Sign and return it to the Credit Union's address listed below. You will receive a <b>Welcome Packet</b> within three to five business days which includes instructions for use of the service and your security code.</p> <p style="text-align: center;"><b>Return to:</b>          Manville Area Federal Credit Union          43 South Main St          Manville NJ 08835-1801</p>
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