



# Electronic Access Request Form

SAVE TIME AND MONEY!!!

**Application Procedure:** Please complete the application for access as instructed. Sign and return it to any Niagara's Choice Credit Union location or mail it to the address below.

Niagara's Choice Credit Union  
3619 Packard Road  
Niagara Falls, NY 14303

**Check all that apply:**

- Online Access
- Bill Pay
- Telephone Banking
- e-statements \*
- MasterCard e-statements

\* Online access is required for e-statements

**Your Information:**

**Email Address:** \_\_\_\_\_

Last 4 numbers of Social Security #: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Please check one:  Mr.  Mrs.  Ms.

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_

Zip: \_\_\_\_\_ Home phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Driver's License # \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_  
(Used for security verification)

ACCOUNT NUMBER: \_\_\_\_\_

USER NAME : \_\_\_\_\_

SECURITY RESET CODE: \_\_\_\_\_

**Online Access**

Online Access Account(s): If you would like the option of transferring funds between your other NCFCU accounts, list them below:

Account #: \_\_\_\_\_

Account # \_\_\_\_\_

\_\_\_ Check if any additional accounts are on the back of this sheet

**Online access is required for all listed accounts**

**Bill Pay**

Bill Payment Account(s): Select checking account to pay bills from.

User Name: \_\_\_\_\_  
Do not use your full name for your User Name

Account #: \_\_\_\_\_

Checking Account #: \_\_\_\_\_

User name CAN NOT be changed!

You desire to subscribe to one or more of the Electronic Access Services and authorize us (Niagara's Choice FCU), 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 payment and/or transfer to your designated account(s). You understand that we may not make certain payments and/or transfers if sufficient funds are not available in your account. This authorization is in force until revoked by you or us in writing and is subject to the Service Terms and Conditions.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
Online Access set up	_____ by: _____
Bill Pay Account set up	_____ by: _____
e-statement set up	_____ by: _____
Audio Response set up	_____ by: _____
Reset Code/note screen	_____ by: _____