



ELECTRONIC ACCESS REQUEST FORM

MEMBER ACCOUNT NUMBER: _____

USER NAME: _____

SECURITY RESET CODE: _____

User name must be at least 6 characters long and include 1 capital letter, 1 lower case letter and 1 special character (*!@\$).

NAME: _____ DOB: _____ SSN/TIN: _____

ADDRESS/CITY/STATE/ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

MOTHER'S MAIDEN NAME: _____

Check all that apply:

_____ Online Banking

_____ Bill Pay

_____ Telephone Banking

*** Online Banking is required for a member to enroll in Mobile Banking and eStatements.**

BILL PAY SET UP

User Name: _____

Account #: _____

Checking Account #: _____

USER NAME CANNOT BE CHANGED!

TRANSFERS BETWEEN ACCOUNTS

Account #: _____

Account #: _____

ONLINE BANKING IS REQUIRED FOR ALL ACCOUNTS LISTED

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.

MEMBER SIGNATURE: _____

DATE: _____