

Internet Banking Application

TELLER: _____

ACCOUNT#: _____

MEMBER'S NAME: _____

ADDRESS: _____

PHONE # _____

WORK # _____

CELL# _____

EMAIL ADDRESS: _____

DOB: _____

SSN: _____

Do you want access to all joint accounts? _____ Yes _____ No

...If no, please tell us what accounts you want access to;

AUTHORIZATION: By signing below, I am applying for MACU internet CU services, as well as, MACU E-Statements. Should my application be approved, I agree that my use of MACU Internet Services will be governed by all MACU Account Agreements, Disclosures, Fee Schedules, as well as, the MACU Internet Services Agreement and Disclosure Statement. I understand that my password is issued for security purposes to authenticate electronic transfers and withdrawals. It is my responsibility to safeguard my password. I understand that if I disclose my password to any non-owner, I am fully responsible for transactions performed on my accounts. By signing this application, I expressly agree that you may send any required disclosures or information to me by electronic communication. Information submitted will be verified against our membership records on file. Discrepancies in the information provided above will cause your application for MACU Internet Services to be rejected.

Signature

Date