

UPPER CUMBERLAND FEDERAL CREDIT UNION

E-Branch and/or E-Pay Enrollment Application

Applying for what Services: Must use electronic services at least once every 90 days to keep account active.

____ "E-Branch" internet banking (no monthly fee)

____ "E-Pay bill payment services (no monthly fee)

Your Information.

Social Security #: _____

Please check one: Mr. Mrs. Ms.

First Name: _____ M.I.: _____

Last Name: _____

Joint Account Owner Information (if applicable)

First Name: _____

Last name : _____

Street Address: _____

City: _____ State: _____

Zip: _____ Home Phone: _____

Work Phone: _____

Mother's Maiden Name: _____

(Used for security verification)

Bill Payment Account(s). Select up to two checking accounts to pay bills from. Check box if it is a joint account.

Account #: _____ Joint Acct

Type of account: Checking only

Account #: _____ Joint Acct

Type of account: Checking only

Additional E-Branch Account(s). The accounts listed above as Bill Payment "E-Pay" Accounts are also available as Home Banking "E-Branch" accounts. List all account types.

Account #: _____ Joint Acct

Type of account: _____

Account #: _____ Joint Acct

Type of account: _____

Account #: _____ Joint Acct

Type of account: _____

Account #: _____ Joint Acct

Type of account: _____

Account #: _____ Joint Acct

Authorization:

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 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 designated Account. This authorization is in force until revoked by You or Us in writing and is subject to the **Service Terms and Conditions** (a current copy of which will be furnished to You) as amended from time to time.

Signature: _____ Date: _____

Signature: _____ Date: _____
(Required when joint accounts are specified)

Application Procedure: Please complete the application form as instructed. Sign and return it to your branch or to the address listed below. You will receive instructions when you return the application. If we receive by mail we will mail the instructions to you within 5 business days from the date the Credit Union Receives the application:

Return to:

Upper Cumberland Federal Credit Union
E-Branch and E-Pay Services
P.O. Box 529
Crossville, TN 38557-0529

Any questions concerning this form, please call:
(931) 484-9433 extension 28 (or) extension 57
or call toll free at 1-866-243-9433, extension 28 or 57

For Office Use Only

Received By _____ Date _____

Activation Date _____ Enrolled By _____

Micr Number _____

Additional Notes _____