



www.cwcu.coop

Home Banking / Bill Pay Enrollment Application

Application Procedure: Please complete the application form as instructed. Sign and return it to your branch or to P.O. Box 380 Bourbonnais, IL 60914. You will receive a welcome packet that includes instructions for use of the service and your security code.

- Home Banking
- Bill Pay* (*\$5.95 monthly fee assessed for Bill Pay)

Primary Member Information: (Please Print)

Account #: _____ Social Security #: _____

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone # _____ Work Phone: _____

Joint Member Information (if applicable):

Full Name: _____

Social Security # _____ Phone # _____

Street Address: _____

City: _____ State: _____ Zip: _____

Additional Home Banking Account(s): Any additional joint accounts added to your home banking require signatures of authorization from the joint owner of the account.

Account: _____ Type of Account: _____ Joint: _____

Account: _____ Type of Account: _____ Joint: _____

Account: _____ Type of Account: _____ Joint: _____

Bill Payment Account(s): Please fill out the section below **ONLY** if you are enrolling in Bill Pay. Select up to two checking accounts to pay bills from. Please indicate if the bill pay account you are adding is joint.

_____ Joint Acct. _____ 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. The undersigned acknowledge receipt of a copy of the Terms and Conditions applicable for this service.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____