



Online Banking Application

Applying for: Online Banking _____ Bill Pay _____ Audio Response _____

As an Online Banking user, you can access your accounts using your mobile device, and view your statement electronically with eStatement. To sign up, click on Mobile Money or eStatement found under your self-service tab in Online Banking.

Applicant Information

Primary Account Owner _____ Home phone _____

Joint owner (if applicable) _____ Work phone _____

Address _____ Cell phone _____

City/State/Zip _____ E-mail Address _____

Code Word _____ *

**A code word will be used for security verification concerning your account. This should be a word only you will know.*

Online Banking Account Access

List primary account number to be accessed via Online Banking # _____

Joint Account(s). List any additional account to be accessed via Online Banking. You must be listed as owner or joint owner to acquire access.

Account # _____ Account # _____

Account # _____ Account # _____

Pricing:

Online Banking free service • eStatements free service • Audio Response \$2.00 per call after four (4) free per month • Bill Pay \$5.75 monthly fee • Mobile Banking free service (however you may be charged for services by your wireless carrier)

Authorization

I/we wish to subscribe to the services chosen above and authorize Americo FCU, and any third party acting on their behalf to serve as our agent in processing transfers to and from accounts pursuant to transfer instructions. I/we authorize you to post such payments and/or transfers to our designated account(s). I/we understand that you may not make certain payments and/or transfers if sufficient funds are not available in our designated account. This authorization is in force until revoked by you or us in writing.

I understand the importance of the confidentiality of my PIN number and/or password. Americo FCU is not liable for transactions completed or account information viewed by others with whom you have shared your PIN number and/or password. By sharing your PIN or password, you have granted them authority to your account and take responsibility for any transactions they authorize or conduct on your account, and hold harmless the Credit Union for any transactions done via this method. Federal transfer limitations apply. See Electronic Fund Transfer Agreement & Disclosure for details.

Authorized Signature(s)

Signature _____ Date _____

Signature _____ Date _____

Required when joint accounts are specified

Please return your completed application to:
AMERICO Federal Credit Union
 2545 West 23 Street • Erie PA 16506

If you have any questions, please contact Shannon at (814) 833-0433 ext 205

Credit Union use only:

Member received: EFT Agreement & Disclosure _____ Online Banking instructions _____ Bill Pay instructions _____ Audio Response instructions _____

Verified by _____ teller# _____ date _____ In person _____ fax _____ mail _____