ServiceCU Online
Enrollment Form

Please complete this enrollment form for access to *ServiceCU Online.* Use one form per account. We will contact you with your confirmation and password. You may fax the form to 920-433-1768, mail it to Service Credit Union, 600 N. Adams St., Green Bay, WI 54301, or deliver it to our office.

Account Number _____

Member Name _____

Joint Owner _____

Street Address _____

City, State, Zip _____

Email Address _____

Other Accounts You May Wish to Transfer To (Cross Member Transfer Authorization):
(Ex: spouse, child or other account in your name)

Account No.	Name	Joint Owner

Signature: By signing below, the undersigned request(s) the described services and agrees to the terms and conditions governing the services, including any fees and charges. The undersigned authorizes that the service fees associated with these electronic services may be deducted from their account.

_____
Member's Signature Date

_____
Joint Owner's Signature Date

In the event your account is blocked for not providing the proper password you may need to provide the answer to one of the following questions:

(Please choose <u>one</u>)

1) What is the name of your first pet? _____

2) What street did you live on as a child? _____

3) Where was your first job (company)? _____

4) What is your father's middle name? _____

For Credit Union Use Only:

Enrolled by: _____ Accts Enabled: _____

Date of Enrollment: _____ _____

Temporary password _____ _____

Disclosures provided: EFT Transfer Disclosure _____ ServiceCU Online Agreement and Disclosure _____