

# APPLICATION FORM

## VIRTUAL BRANCH APPLICATION

To enroll in VCCFCU's Virtual Branch Online Banking Program, complete/sign the application below and mail, fax or deliver to:  
VCCFCU, 3960B Hillman Avenue, Bronx, New York 10463. Fax 718.549-2921

ACCESS TO SERVICES: Home Banking  Bill Payment



## MEMBER INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Member Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email address: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Mother's Maiden Name: \_\_\_\_\_ (used for security purposes only)

## BILL PAY ACCOUNTS: Select up to two (2) checking accounts to pay bills from

Member Name: \_\_\_\_\_ Member Number: \_\_\_\_\_ Signature: \_\_\_\_\_  
Member Name: \_\_\_\_\_ Member Number: \_\_\_\_\_ Signature: \_\_\_\_\_  
Member Name: \_\_\_\_\_ Member Number: \_\_\_\_\_ Signature: \_\_\_\_\_

## ADDITIONAL ACCOUNTS: In addition to my member number listed above, I am an authorized user and wish to have access to the following accounts through the use of this service.

Member Name: \_\_\_\_\_ Member Number: \_\_\_\_\_ Signature: \_\_\_\_\_  
Member Name: \_\_\_\_\_ Member Number: \_\_\_\_\_ Signature: \_\_\_\_\_  
Member Name: \_\_\_\_\_ Member Number: \_\_\_\_\_ Signature: \_\_\_\_\_

**AUTHORIZATION:** I desire to subscribe to VCCFCU's Virtual Branch Service and authorize VCCFCU, and any other third party acting on VCCFCU's behalf, to serve as my Agent in processing payments to targeted Merchants and /or transfers to and from targeted accounts pursuant to my payment and/or transfer instructions, and I authorize VCCFCU to post such payment and/or transfer to my designated account(s). I understand that VCCFCU may not make certain payments and/or transfers if sufficient funds are not available in my designated account(s).

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_