

Note: After completing the form, please print out and sign where signatures are requested.



SERVICES APPLICATION

MEMBER ACCOUNT NUMBER: _____

Online Banking Bill Payment Mobile Check Deposit	Visa® Debit Card ATM Card Other: _____	Carrying Charge Auto-Deduct Amalgamated & Park Reservoir only. Indicate day of the month of deduction. 1 st 3 rd 8 th Savings Checking
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Account Owner _____
First Middle Initial Last Name

Current Residence Address _____
Street No. Street Name City State Zip Code

Current Mailing Address _____
Street No./P.O.Box Street Name City State Zip Code

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____ Mother's Maiden Name _____
Required For Online Banking , Bill Pay, & Mobile Check Deposit Used for Security Purposes Only

MOBILE CHECK DEPOSIT USER ID (must contain at least 6 Characters) _____
 Once your application for Mobile Check Deposit has been processed, you will receive an email with your password and disclosures. If you haven't done so already, please visit the App Store/Market on your mobile phone to download our app. You can find it by searching VCCFCU Mobile.

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

Member Number _____ Member Number _____

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 use of Private Line, Virtual Branch, and Mobile Check Deposit Service(s).

- Member Name: _____ Member Number _____ Signature _____
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- Member Name: _____ Member Number _____ Signature _____
- Member Name: _____ Member Number _____ Signature _____
- Member Name: _____ Member Number _____ Signature _____

FOR JOINT ACCOUNTS, ALL OWNERS MUST SIGN BELOW

I/We agree to all the terms of the cardholder agreement and the rules and regulations governing share savings and share draft checking account(s) at Van Cortlandt Cooperative Federal Credit Union (VCCFCU). By Checking the boxes above and signing below, you certify that the information on this application is complete, true, and submitted for the purpose of obtaining the electronic service(s) on account(s) requested. If approved for the requested electronic funds transfer service(s), you acknowledge receipt of and agree to the terms of the Electronic Funds Transfer Agreement. Authorization: If I chose to subscribe to VCCFCU's Virtual Branch Service, I 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).

Primary Member _____ SSN _____ Date _____
Signature

Joint Owner _____ SSN _____ Date _____
Signature

Joint Owner _____ SSN _____ Date _____
Signature

For Credit Union Use Only: Approved by _____ Date Entered _____ Verified By _____
 Approved by _____ Date Entered _____ Verified By _____