



**FIVE STAR**  
FEDERAL CREDIT UNION

# Authorization for CU Online

## online banking and electronic services

PLEASE PRINT:

Member Name \_\_\_\_\_ Member # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Last 4 digits of Social Security # \_\_\_\_\_

Please provide a valid e-mail address so we can notify you when you're enrolled; print legibly to avoid delays.

**Please enroll me in CU Online** (online banking).

All shares/savings accounts and loans for the member number listed above will be accessible.

I will sign up for **online statements** by clicking on the E-Statements button in CU Online.

I will enroll in **Bill Pay** from my checking account by clicking on the Bill Payer button in CU Online.

Please enroll me in **QuickCheck telephone teller** (and provide instructions).

Using CU Online, **I want to be able to make transfers** into these other Five Star accounts:

Name \_\_\_\_\_ Member # \_\_\_\_\_

Name \_\_\_\_\_ Member # \_\_\_\_\_

Name \_\_\_\_\_ Member # \_\_\_\_\_

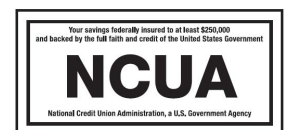
Name \_\_\_\_\_ Member # \_\_\_\_\_

I agree to receive all agreements and initial disclosures electronically. After I have read the agreement(s), I will be asked to consent to the terms and conditions of the agreement(s).

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(Primary member must sign)

Please drop off this completed application to either branch office; mail it to:  
Five Star Federal Credit Union, Attn: Marketing Department, 716 Maiden Choice Lane,  
Suite 101, Baltimore, MD 21228; or fax this form to 410-869-8293. You will be notified  
by e-mail when your CU Online service is activated.



Your savings are federally insured  
up to at least \$250,000 by NCUA.