

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.

I will download the **Mobile Banking app** (Five Star FCU) **after** I'm fully enrolled in CU Online.

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

Name _____ Member # _____

Name _____ Member # _____

Name _____ Member # _____

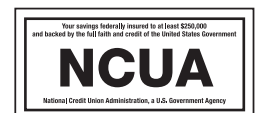
Name _____ Member # _____

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 at a branch office OR mail it to: Five Star FCU, Attn: Member Services, 716 Maiden Choice Lane, Suite 101, Baltimore, MD 21228 OR fax this form to 667-234-3584 (hospital branch). You will be notified by e-mail when your CU Online service is activated; please follow the instructions to enroll.



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