

Home Banking/Online Bill Pay
www.enfieldcommunityfcu.org
Application and Member Information

Member Name _____

Account # _____

Social Security Number _____

Email _____

Would you like to receive E-Statements or Regular Paper Statement?

E-Statements _____ Regular Paper Statement _____

Would you like to receive ECFCU emails about promotions, events and other
information from us? _____ Yes _____ No

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I wish to sign up for Home Banking. By signing below, you certify that the information on this application is complete, true and submitted for the purpose of obtaining the electronic service and account requested. If approved, you acknowledge receipt of and agree to the terms of the Electronic Funds Transfer Agreement.

In addition, you will be able to auto enroll in our Online Bill Pay by simply clicking on "Pay your bills" on your Home Banking Menu page.

Member Signature

Date

Please submit this form in person, by mail or fax to:

Enfield Community Federal Credit Union
11 Cranbrook Blvd.
P.O. Box 998
Enfield, CT 06083-0998
Fax: 860-253-5103

Transfer Authorization:

Transfer authorization to allow funds to be withdrawn **from** account#: _____
And deposited **to** account #: _____

ALL authorized signatures on account "**from**"

Your account number is considered personal information. If you make a transfer, your account number will appear on the statement of the account "to". We need your permission to disclose your account number to them in this manner. By signing this form, you acknowledge and give permission to Enfield Community Federal Credit Union to disclose your account number on the statement of the member(s) that signed under account "to".

Signature

Signature

ALL authorized signatures on account "**to**"

Your account number is considered personal information. Once the transfer authorization is set up, the owner(s) of the account "from" will be able to see your account number when they are in their account online. If a transfer is made, your account number will appear on the statement of the account "from". We need your permission to disclose your account number to them in this manner. By signing this form, you acknowledge and give permission to Enfield Community Federal Credit Union to disclose your account number online and on the statement of the member(s) that signed under account "from".

Signature

Signature