SIUE Credit Union

Internet Banking and Bill Payment Enrollment Application

Services Requested. Check the services requested.

☐ Internet Banking only (No Charge) ☐ Internet Banking and Bill Pay ($5.85 monthly)

Your Information.

Social Security #:_____

First Name:_____M.I.:_____

Last Name:_____

Joint Account Owner Information (if applicable)

First Name:_____

Last Name:_____

Street Address:_____

City: _____State:_____

Zip: _____

Home Phone:_____

Work Phone:_____

Mother's Maiden Name:_____
(Used for security verification)

Email Address:_____

Bill Payment Account(s): Select up to two checking accounts to pay bills from. Check box if it is a joint account.

Account #:_____ ☐ Joint Acct

Type of account: Checking only

Account #:_____ ☐ Joint Acct

Type of account: Checking only

Additional Internet Banking Account(s). The accounts listed above as Bill Payment accounts are also available as Internet Banking accounts. List all account types.

Account #:_____ ☐ Joint Acct

Type of account:_____

Account #:_____ ☐ Joint Acct

Type of account:_____

Account #:_____ ☐ Joint Acct

Type of account:_____

Account #:_____ ☐ Joint Acct

Type of account:_____

Authorization:
You desire to subscribe to the Services and authorize Us, and any third party acting on Our behalf, to serve as Your agent in processing internet banking transactions and payments to targeted Payees pursuant to Your payment instructions, and You authorize Us to post such payment to Your designated Account(s). This authorization is in force until revoked by You or Us in writing and is subject to the **Service Terms and Conditions** (a current copy of which will be furnished to You) as amended from time to time.

Signature:_____Date:____

Signature:_____Date:____
(Required when joint accounts are specified)

Application Procedure: Please complete the application form as instructed. Sign and return it to the address listed below. You will receive a Welcome Packet which includes instructions for use of the service and your security code.

Return to:

SIUE CreditUnion,
Box 1069,SIUE
Edwardsville,IL,62026

(Fax this form to 618-650-3768)