

SCORE FEDERAL CREDIT UNION  
HOME BANKING APPLICATION

Primary Member Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address (required for E-statements): \_\_\_\_\_

CHOOSE ONE: I want the Bill Payer option (\$3.00 per month): \_\_\_\_\_

I want the Bill Payer option with E-statement (free): \_\_\_\_\_

I want the Home Banking option w/out Bill Payer (free): \_\_\_\_\_

ACCOUNT INFORMATION: (select for Bill Payer option only)

Account #: \_\_\_\_\_ Bill Payment Acct: \_\_ (select up to 2)

Account #: \_\_\_\_\_ Bill Payment Acct: \_\_

Account #: \_\_\_\_\_

Account #: \_\_\_\_\_

Account #: \_\_\_\_\_

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 payments to targeted Merchants and/or transfers to and from targeted Accounts pursuant to Your payment and/or transfer instructions, and You authorize Us to post such payment and/or transfer to Your designated Account(s). You understand that We may not make certain payments and/or transfers if sufficient funds are not available in Your designated Account. This authorization is in force until revoked by Your or Us in writing and is subject to the Service Terms and Conditions of the Credit Union's membership account agreement (a current copy of which will be furnished to You with your welcome Kit) as amended from time to time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

(Required when joint accounts are specified)