



ATLANTIC HEALTH SYSTEM

Federal Credit Union



HOME BANKING APPLICATION AND AUTHORIZATION

Primary Member SS #:
Member Name:
Street Address:
City: State: Zip:
Email:
Home Phone: Work Phone:
Mother's Maiden Name:
(Used for security verification)

Joint Account Owner Information (if applicable):

Name:

Service Choices:

- Home Banking **FREE for members of Atlantic Health Federal Credit Union**
(account will purge after 90 days of no usage)
 - Bill Payer
 - Home Banking and Bill Payer (both)
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Account Access: List all member accounts that you are an authorized signer for and wish to access, including all family member accounts.

Member Name: Member #:
Member Name: Member #:
Member Name: Member #:
Member Name: Member #:

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 You or Us in writing and is subject to the **Service Terms and Conditions** (a current copy may be obtained from our web site or one will be furnished to You if not applying from the Internet) as amended from time to time. I (we) have read the Electronic Fund Transfers - **Your Rights and Responsibilities**, and the **Schedule of Service Fees**, and I (we) agree to be bound by its terms and conditions. I understand that upon Credit Union approval, my Personal Identification Number (password) will be available to me. I (we) hereby authorize the undersigned to withdraw funds from the above listed accounts.

Signature: _____

Joint Signature: _____

Date: _____

Application Procedure: Please complete the application form as instructed. Sign and return via fax, to your branch, or, to the address listed below. You will receive an email "Welcome" letter that includes instructions for use of the service and your security code.

Return to:
Atlantic Health Federal Credit Union
Home Banking & Bill Pay Services
99 Beauvoir Avenue
Summit, NJ 07902-0220

Or

Fax to:
Atlantic Health Federal Credit Union
(908) 277-3530