

Home-Banking & Bill Pay Application for Saints Margaret and Gregory
F.C.U.

To receive online balances and transactions, electronic statements and access and use of Bill-Pay with disclosure and notice authorization from Home-Banking and Bill-Pay

Members Name: _____ Social Security Number: _____

Joint Member Name: _____ Social Security Number: _____

Account Number: _____ Email Address: _____

Mailing Address: _____

Employer: _____

Home Phone: _____ Cell Phone: _____

You have the right or option to have statements provided to you in paper form or electronically. If you choose electronic statements an email address must be provided. You may withdraw your consent for the provision of electronic statements at any time. If you withdraw your consent, statements will be provided to you in paper form.

If you wish to withdraw your consent, to change your email address with Saints Margaret and Gregory F.C.U., or to request paper copies of your banking statements, please stop by Saints Margaret and Gregory's F.C.U. office.

I hereby acknowledge receipt of the Bill-Pay and Home-Banking Agreement and Disclosure Statement informing me of my rights under the Electronic Funds Transfer Act.

To access **Bill-Pay** please check the box*

*If you do not have at least five Bill-Pay transactions a month you will be charged \$4.50 monthly.

Signature of Member: _____ Date: _____

Signature of Joint Member (if applicable): _____ Date: _____

*For Office use only: Opened on: _____ By: _____