



Electronic Access Application

Niagara County's Federal Credit Union

A **FREE** Member Benefit

SAVE TIME AND MONEY!

Application Procedure: Please complete the application for access as instructed. Sign and return it to any Niagara County's Federal Credit Union location or, mail it to the address below.

Return to: Niagara County's FCU
Electronic Access Department
260 West Avenue
Lockport, NY 14094

***Check all that apply:**

Online Access Bill Pay Audio Response
 eStatements (need Online Access)**
Emailed Statements Bill Paying Service Telephone Transactions

Your Information:

*Last 4 numbers of Social Security #: _____ DOB _____

*Please check one: Mr. Mrs. Ms.

*First Name: _____ M.I. _____

*Last Name: _____

*Street Address: _____

*City: _____ State: _____

*Zip: _____ Home Phone: _____

*Work / Cell Phone: _____

**E-mail: _____

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

****Online Access is required for eStatements**

PLEASE PRINT LEGIBLY!!

ACCOUNT NUMBER _____

RESET CODE _____

ONLINE ACCESS

Online Access Account(s): If you would like the option of transferring funds between your other NCFCU accounts, list below

Account #: _____

Account #: _____

List any additional accounts on the back of this sheet

Online Access is required for all listed accounts

Bill Pay

Bill Payment Account(s): Select checking account to pay bills from.

*User Name: _____

Do not use your full name for your User Name

Account #: _____

Checking Only Sharedraft I.D. #: _____

User name CAN NOT be changed!

You desire to subscribe to one or more of the Electronic Access Services and authorize Us (Niagara County's FCU), 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**.

Authorization:

*Signature Required: _____

Date: _____

OFFICE USE ONLY

Online Access Account set up _____ by _____ Reset Code added to note screen _____ by _____
Bill Pay Account set up _____ by _____
eStatements set up _____ by _____
Audio set up _____ by _____
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