

HEALTH CARE 1st

Federal Credit Union

1050 W. Industrial Boulevard, Suite 16
Cumberland, MD 21502
Phone 1-301-723-4098 Fax 1-301-723-4494

HOME BANKING APPLICATION

Member Account #		Joint Account #	
Full Name:		Joint Member Name:	
Address:		Address:	
Social Security #	Date of Birth	Social Security #	Date of Birth
Home Phone	Work Phone	Home Phone	Work phone
Cell Phone	E-Mail Address	Cell Phone	E-Mail Address
Pass Code		Pass Code	
<p>Check All Account types that you have with HEALTHCARE 1ST FCU</p> <p> <input type="checkbox"/> Share Savings <input type="checkbox"/> Share Draft (checking) <input type="checkbox"/> Christmas Club <input type="checkbox"/> Vacation Club <input type="checkbox"/> VISA Credit Card <input type="checkbox"/> Real Estate Loan <input type="checkbox"/> Other Loans <input type="checkbox"/> VISA ATM Debit </p>			

Authorization:

You desire to subscribe to Internet Access Home Banking Services with HEALTHCARE 1ST Federal Credit Union, and any third party acting on our behalf, to serve as your agent in processing payments and transfers to accounts pursuant to your transfer instructions, and you authorize the credit union to post such transactions to your designated accounts. 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, the member, or by the credit union in writing.

ALL ACCOUNT HOLDERS MUST SIGN

Primary Member Signature	Date
Joint Owners Signature	Date
Joint Owners Signature	Date

AUTHORIZATION TO TRANSFER BETWEEN OTHER ACCOUNTS

I, _____ Account # _____ authorize _____ to have transactional access to my account(s) # _____.

Signature	Signature
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Approval	Date
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