

# SFCU's WEB-24 Internet Branch/ Bill Pay/E-Statement Application

Please complete in ink, sign both areas below, and return to Summit Federal either in person or by mail to: P. O. Box 1460, Akron, OH 44309.

Member Name: \_\_\_\_\_ Account # \_\_\_\_\_

Home Address: \_\_\_\_\_

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

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

E-mail Address (required): \_\_\_\_\_

Other accounts that I wish to have access to on WEB-24: You **must** be a primary or joint owner on each account listed below.

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

I wish to enroll in WEB-24 Internet Branch and Bill Pay (I understand that I must have a Summit FCU checking account in order to enroll in Bill Pay.) OR

I wish to enroll in E-Statements ONLY

## AUTHORIZATION

By signing below, I am applying for SFCU's WEB-24 Internet Branch. Should you approve my application, I agree that my use of WEB-24 will be governed by all Summit Federal Credit Union (SFCU) Account Agreements, Disclosures, and General Fee Schedule, as well as the Summit Federal Credit Union Internet Account Access Agreement and Disclosure Statement.

I understand that my Password is issued for security purposes to authenticate electronic transfers and withdrawals. It is my responsibility to safeguard my Password. I understand that if I disclose my Password to any non-owner, I am fully responsible for transactions performed on my accounts.

By signing this application, I expressly agree that you may send any required disclosures or information to me by electronic communication. The term "electronic communication" means a message transmitted electronically in a format that allows visual text to be displayed on equipment such as a personal computer monitor.

Information submitted will be verified against our membership records on file. Discrepancies in the information provided above will cause your application for WEB-24 Internet Branch/Bill Pay to be rejected and forwarded to our Fraud Department.

Signature (**Required**)  \_\_\_\_\_ Date \_\_\_\_\_

I request that my SFCU Periodic Account Statements be sent to me by electronic communication using the E-mail address written above. I no longer wish to receive my monthly statement by US Mail except at the end of each year.

Signature (**Required**)  \_\_\_\_\_ Date \_\_\_\_\_

Joint owners should complete a separate application. They will receive a different user name and password.

