



CRFCU@Home Internet Banking Enrollment Application

A completed application must be submitted to access CRFCU@Home Internet banking. Please allow 2 days for processing.

Please fill out the following information and return it to us in person to any of our 3 offices
Wethersfield Main Office: 1233 Silas Deane Highway, Wethersfield, CT 06109
West Hartford Branch: 50 South Main Street, West Hartford, CT 06107
Bloomfield Branch: 1 Wintonbury Mall, Bloomfield, CT 06002

If you choose to mail the application it MUST BE NOTORIZED and mailed to the main office at: 1233 Silas Deane Highway, Wethersfield, CT 06109.

[] PRIMARY ACCOUNT HOLDER [] JOINT ACCOUNT HOLDER,
Please check one

First Name : _____ Middle Initial _____
Last Name : _____
SSN/TIN : _____
Home Street Address _____ City _____
State: _____ Zip: _____
Work Phone(____)____-____ Home (____)____-____ Cell (____)____-____

USER NAME: _____

(Please choose a user name. It must be a minimum of 8 characters)

Primary Account#: _____

Primary Email: _____ (home, work) CIRCLE ONE

Secondary Email: _____ (home, work) CIRCLE ONE

Agreement and Authorization:

You desire to subscribe to the CRFCU@Home Internet Banking Services and authorize CRFCU and any third party acting on our behalf, to serve as your agent in processing transactions to and from targeted accounts pursuant to your transfer/transaction instructions, and you authorize us to post such transactions/transfers to/from your designate Account(s). You understand that we may not make certain transactions/transfers if sufficient funds are not available in your designated Account(s). This authorization is in force until revoked by you in writing and is subject to the Terms and Conditions outlined in the Truth In Savings Disclosure, Membership and Account Agreement, Electronic Funds Transfer Agreement & Disclosure, and Funds Availability Disclosure previously provided to you.

Signing this application is your indication that you have read and agree to the CRFCU@Home Agreement and Authorization listed above:

Signature: _____ Date: _____

Print Name: _____