DPL FEDERAL CREDIT UNION
HOME BANKING ENROLLMENT APPLICATION

YOUR INFORMATION

Social Security # _____ *JOINT ACCOUNT OWNER (IF APPLICABLE)*

First Name _____ First Name _____

Last Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Mother's Maiden Name _____

LIST ALL ACCOUNTS AVAILABLE FOR HOME BANKING

Account #	**Type (Savings, Checking)**

PLEASE SIGN AND RETURN TO:

DPL FEDERAL CREDIT UNION
PO BOX 7739
NEWARK, DE 19714-7739

_____ _____

SIGNATURE DATE SIGNATURE OF JOINT OWNER DATE

Web Address: http://www.dplfcu.org

Sign On and Enter Member Account Number as User ID
Password is last four digits of Home Phone Number