



Virtual Branch Enrollment Application

Access to Services. You will access the services via the Internet .

Please enter your Information. (Please P-R-I-N-T)

Date of Birth: _____

Social Security #: _____

Please circle one: Mr. Mrs. Ms.

First Name: _____ M.I.: _____

Last Name: _____

Joint Account Owner Information (if applicable)

First Name: _____

Last name : _____

Street Address: _____

City: _____ State: _____

Zip: _____ Home Phone: _____

Work Phone: _____

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

Additional Home Banking Account(s). List all account types.

Account #: _____ Joint Acct

Type of account: _____

Account #: _____ Joint Acct

Type of account: _____

Account #: _____ Joint Acct

Type of account: _____

Account #: _____ Joint Acct

Type of account: _____

Account #: _____ Joint Acct

Type of account: _____

Account #: _____ Joint Acct

Type of account: _____

Authorization:

You desire to subscribe to the Services and authorize Us, 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** (a current copy of which will be furnished to You) as amended from time to time.

Signature: _____ Date: _____

Signature: _____ Date: _____
(Required when joint accounts are specified)

YOUR Email: _____
(P-R-I-N-T clearly ! Please!)

Application Procedure: Please complete the application form as instructed. It is suggested you use your statement to help fill in the Account# area. Sign and return it to the address listed below. Upon processing your enrollment, you will either receive an email with access instructions or you will receive a Welcome Packet which includes instructions for use of the service and your security code.

Return to:

KEMBA Louisville Credit Union
Virtual Branch Services
4017 Poplar Level Road
Louisville, KY 40213-1622

(If using U.S. Mail, be sure to attach correct postage!)

OR
FAX: 502.459.4528