NetBranch-"CU Online" and Audio Response Teller-"ART" 888-478-4 ART (4278) Enrollment Form

WWW.AcmeContinentalCU.com

Authorization:
By completing and signing this form you are authorizing Acme Continental Credit Union to establish a member relationship allowing you access to our Internet home banking and our automated telephone service. These services are known as **"CU-Online"**, our Internet home banking service which includes our internet **Bill Payment System**. "ART", our automated telephone service

The security of your account depends upon the security of your Personal Identification Number (PIN). You agree not to reveal your PIN to any person not authorized to conduct transactions per your Membership Agreement. You also agree to notify us immediately if the security of the PIN is compromised.

Enrollment:
Upon receipt of your enrollment form Acme Continental Credit Union will assign a default PIN for "ART". This PIN will consist of the 4-digit birth month and year of the primary member. An example of this would be: If your birth date were 05/17/1964 your PIN would be 0564. ***Your CU-Online password will be emailed to you.***

Fees:
By enrolling in these services you will not be charged a monthly fee. You do agree to pay any stop payment fee(s) or NSF fees(s) associated with the item you initiate through the internet system.

Caution:
Acme Continental Credit Union **Strongly** suggest that you change your default PIN the first time you sign on to either of the two services. By changing the PIN on one you will not automatically change the PIN on the other.

Terminating Access:
This authorization form will be in effect until you or the credit union terminates it. Requests to terminate must be done in writing.

DETACH and RETURN for ENROLLMENT

NetBranch-"CU Online", Audio Response Teller-"ART" and Bill Payment Enrollment Form

_____"ART" _____"CU-Online" _____"Bill Payment"

Primary Member Account Number:
Your E-Mail Address: (required for CU-Online Service)
Home Phone: ( ) **Work Phone: ( )**
Primary Member Name (please print)
X
Primary Member Signature **Date**