

ONLINE ENROLLMENT FORM

Member # _____

Name _____

Social Security # _____ Date of Birth _____

Email Address _____

Address _____

Phone (H) _____ (C) _____

Please mark each service you desire:

- _____ VIRTUAL BRANCH-ONLINE BANKING
- _____ EZ STATEMENTS
- _____ BILLPAY (FPCU Share Draft/Checking account required)

By signing below, you authorize FIRST PACE Credit Union to enroll you in your choices of Online Banking, EZ Statements, and/or BillPay and are bound by the Terms and Conditions of this Agreement and all supporting disclosures.

X _____
Signature Date

PLEASE COMPLETE AND RETURN THIS FORM TO:
FIRST PACE Credit Union
161 Marie Avenue East
West St. Paul, MN 55118

Your accounts will be activated and **separate Welcome Letter(s)** with Log-on instructions will be sent to your Email address **for each Service.**