

**IBEW LOCAL #56**  
**FEDERAL CREDIT UNION**  
**962 WEST 20<sup>TH</sup> STREET**  
**ERIE, PA 16502**  
**PHONE: 814-455-2270**  
**FAX: 814-455-4307**

**Internet Banking Enrollment Application**

***Primary Account Owner Information***

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
First Name                      Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Login ID

***Joint Owner Account Information (If Applicable)***

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
First Name                      Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Code Word (Used for Security Verification)  
\*\* Something you won't forget!!\*\*

***Account Access***

List primary account number to be accessed

Primary Account# \_\_\_\_\_

Joint Account(s). List any additional accounts to be accessed. You must be listed as a joint owner to acquire access.

Joint Account# \_\_\_\_\_

Joint Account# \_\_\_\_\_

Joint Account# \_\_\_\_\_

***Signatures***

\_\_\_\_\_  
Signature    Date

\_\_\_\_\_  
Signature    Date

\_\_\_\_\_  
Signature    Date

\_\_\_\_\_  
Signature    Date

*You desire to subscribe to the services above and authorize the Credit Union, and any third party acting on our behalf, to serve as your agent in processing transfers to and from targeted accounts pursuant to your transfer instructions, and you authorize us to post such payments and/or transfers 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.*