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Account Number

SELF RELIANCE (NY) FEDERAL CREDIT UNION

NETTELLER HOME BANKING APPLICATION/AGREEMENT

ACCOUNT HOLDER INFORMATION:

Name as it appears on the Account

SS# or tax ID

Street Address

City, State and Zip

E-mail address

Telephone Number

SERVICE REQUESTED

New Application for SRNYFCU Internet Banking

Amendment to existing Internet Banking Agreement

ACCOUNTS DESIGNATED FOR INTERNET ACCESS

Please write the account number of each account you wish to access through the Self Reliance (NY) Federal Credit Union (SRNYFCU) Internet Banking system.

Account Number and suffix	Type of account	Ownership type

If additional space is needed please attach listing to this form and initial this box:

INTERNET BANKING SYSTEM USERS

Please list all persons to whom you will give access to do Internet Banking on your behalf:

User's Name	Social Security Number	Relationship

SERVICE AGREEMENT:

By signing below:

1. I will be bound by the terms and conditions of SRNYFCU's Truth in Savings Agreement which SRNYFCU may amend from time to time.
2. I understand that a User ID and temporary password will be issued to me/us within 2 business days of receipt of this application. I **must** change the temporary password to a private password the first time I log on to the SRNYFCU Internet Banking system. I also understand that the passwords can be used to withdraw funds from the account(s) and that I must safeguard all passwords. I authorize SRNYFCU and its agents to follow any instructions transmitted by the use of these passwords, and agree to be bound thereby.
3. I certify that everything that has been stated in this application and on any attachments is correct. SRNYFCU is authorized to retain this application whether or not it is approved. Also, I understand that SRNYFCU may cancel/terminate my Home Banking privileges at any time.
4. I accept the terms and agreements outlined in the Self Reliance (NY) Federal Credit Union's NetTeller Home Banking Agreement.

Signature of Account Holder

Date

Signature of Account Holder

Date

For Credit Union use only:

MSR ACCEPTING APPLICATION _____

Date

Reviewed and approved by:

MSR setting up Home Banking on System _____

Date

Date: _____