



ONLINE HOME BANKING REQUEST FORM

Name: _____ Account Number: _____

Address: _____ City: _____

State: _____ Zip Code: _____ E-Mail Address: _____

Home Phone #: _____ Cell Phone #: _____

Please allow me access to ASECU Online Home Banking to the following accounts on which I am an Owner.

_____ # _____ # _____

_____ # _____ # _____

By signing below, I acknowledge that the information I have provided is correct. I assume full responsibility for the accuracy and relieve Associated School Employees Credit Union (ASECU) of any responsibility for transactions I make in accordance with these instructions and hold ASECU harmless. In addition, I also acknowledge that I have been given the ASECU Account Agreement and Schedule of Fees and accept the terms and conditions herein, with the understanding that they may be changed by ASECU at any time with proper notification. This authorization will remain in effect until revoked in writing.

Signature: _____
Date _____

THIS FORM MUST BE NOTARIZED IF NOT SIGNED IN THE PRESENCE OF AN ASECU EMPLOYEE

On _____ 20____ before me, _____, personally appeared, personally known to be (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity.

WITNESS my hand and official seal.

Notary Public

(seal)

Affiant _____ Known _____ Unknown
ID Produced _____

Information received by: ASECU Employee: _____ Date: _____

Forward to Electronic Back Office

Process Completed by: ASECU Employee: _____ Date: _____