



## Virtual Branch Enrollment Application

**This service must be successfully activated within 90 days after this application is received by the credit union. If the service is not used after 90 days, this application will be voided and the online service suspended.**

**Application Procedure:** Please complete the entire application form. Sign and return it to your branch or to the address listed below. You will be mailed a Welcome Packet that includes instructions for use of the internet service.

**Return to:**

BOND Community Federal Credit Union  
Virtual Branch Services  
PO Box 5286  
Atlanta, GA 31107

**Your Information:**

Name: \_\_\_\_\_  
Mailing Address : \_\_\_\_\_  
Apt/Unit/Suite: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email : \_\_\_\_\_  
Mother's Maiden Name: \_\_\_\_\_  
(Used for security verification)

**Joint Account Owner Information (if applicable)**

Name: \_\_\_\_\_  
Mailing Address : \_\_\_\_\_  
Apt/Unit/Suite: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email : \_\_\_\_\_  
Mother's Maiden Name: \_\_\_\_\_  
(Used for security verification)

**Authorization:**

You desire to subscribe to the Services and authorize Us, and any third party acting on Our behalf, to serve as Your agent in processing payments to targeted Merchants and/or transfers to and from targeted Accounts pursuant to Your payment and/or transfer instructions, and You authorize Us to post such payment and/or transfer 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 and is subject to the **Service Terms and Conditions** (a current copy of which will be mailed to You) as amended from time to time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Bill Payment Account(s).** Select up to two checking accounts to pay bills from. Check box if it is a joint account.

**Member/Account #:** \_\_\_\_\_ Joint Acct  
Type of account: Checking only

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Type of account: Checking only

**Additional Home Banking Account(s).** The accounts listed above as Bill Payment accounts are already available as Home Banking accounts. List any other member numbers.

**Member/Account #:** \_\_\_\_\_ Joint Acct  
Type of account: \_\_\_\_\_

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Type of account: \_\_\_\_\_

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