



Eddy Federal Credit Union

909 W. Pierce St. • 1711 S. Canal • Carlsbad, NM 88220

Phone (575) 887-1784 • Toll Free 1-800-337-6105

VIRTUAL BRANCH

Your information

Social Security #: _____

Please check one: _____ Mr. _____ Mrs. _____ Ms.

First Name _____ M.I. _____

Last Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____

Work Phone _____

Mother's Maiden Name _____
(Used for security verification)

Birthdate: _____

Email: _____

Joint Account Owner Information

(If applicable)

First Name _____

Last Name _____

Bill Payment Account(s)

Select up to two checking accounts to pay bills from.

Account #: _____ (checking only) Joint Acct. _____

Account #: _____ (checking only) Joint Acct. _____

Additional Home Banking Account(s)

The accounts listed above as Bill Payment accounts are also available as Home Banking Accounts. List all account types.

Account #: _____ Joint Acct. _____

Type of account: _____

Account #: _____ Joint Acct. _____

Type of account: _____

Account #: _____ Joint Acct. _____

Type of account: _____

Account #: _____ Joint Acct. _____

Type of account: _____

Account #: _____ Joint Acct. _____

Type of account: _____

Virtual Branch Enrollment Application

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 furnished to You) as amended from time to time.

Signature: _____ Date: _____

Signature: _____ Date: _____
(Required when joint accounts are specified)

Statements Yes or No

Application Procedure:

Please complete the application form as instructed. Sign and return it to the Credit Union at the address listed below. You will receive a Welcome Packet which includes instructions for use of the service and your security code.

Return to:

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909 W. Pierce • 1711 S. Canal
Carlsbad, New Mexico 88220