



Virtual Branch Enrollment Application

Your Information.

Social Security #: _____
First Name: _____ M.I.: _____
Last Name: _____ MSN: _____

Joint Account Owner Information (if applicable)

First Name: _____
Last name : _____
Street Address: _____
City: _____ State: _____
Zip: _____ Home Phone: _____
Work Phone: _____
Mother's Maiden Name: _____
(Used for security verification)

Bill Payment Account(s). (Fill this section out only if you want to be set up for Bill Pay. No charge with at least one paid bill per month; otherwise, the charge is only \$4.95 per month.) Select up to two checking accounts to pay bills from. Check box if it is a joint account.

Account #: _____ Joint Acct
Type of account: Checking only
Account #: _____ Joint Acct
Type of account: Checking only

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: _____

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. No monthly cost for both Virtual Branch and Bill Payment with at least one bill paid per month; otherwise, the cost is only \$4.95 per month.

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

Application Procedure: Please complete the application form as instructed. Sign and return it to the address listed below. You will receive instructions for use of the service and your security code.

Return to:
LifeWay Credit Union
One LifeWay Plaza
Nashville, TN 37234-0193
Or Fax to:
615-251-3728



We provide more than financial services.
We provide financial solutions

www.lifewaycu.org