



1150 Harrison Ave., Suite 102
 Harrison, OH 45030
 (513)202-1306
 FAX (513)202-1309

REGISTRATION FOR "Online Teller"

Yes, I would like to enroll in Whitewater Community Credit Union's Online Banking program. I understand that cancellation of this service should be provided in writing. I agree that ACH/EFT transactions that I authorize will comply with provisions of the United States Law.

All information provided below must be filled out by the primary account holder

First Name _____

Last Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone# _____ Evening Phone# _____

Email Address _____ Date of Birth _____

City/State of Birth(for security purposes) _____

Mother's Maiden Name(for security purposes) _____

I wish to have access to the following Whitewater Community Credit Union Accounts
 You must be primary account holder or joint account holder to access the account online

<u>Account Type</u>	<u>Account #(s)</u>
<input type="checkbox"/> Draft	_____
<input type="checkbox"/> Regular Share	_____
<input type="checkbox"/> Loan(s)	_____
<input type="checkbox"/> Special Share	_____
<input type="checkbox"/> Christmas Club	_____
<input type="checkbox"/> IRA or CD Account(s)	_____

Returning this form: You have 3 options for returning this form. You will not receive a logon ID or password without completely filling out the following information. By signing this form you also acknowledge receipt of the OnLine Teller User Agreement.

Please check your method of return and chose how to receive your logon ID and password:

- In person (you are returning this form and receiving your ID in person)
- By mail (chose one option below)
 - ____ Please call me at _____ (insert phone number to contact you at during our business hours)with my logon and password.
 - ____ Please mail me my logon and password at the address provided above.
- By fax (chose one option below)
 - ____ Please call me at _____ (insert phone number to contact you at during our business hours)with my logon and password.
 - ____ Please mail me my logon and password at the address provided above.

Signature _____

Date _____

Enrollment completed by _____