

MiddConn@HOME Application and Member Information

Please submit this form to:

MiddConn Municipal Federal Credit Union
213 Court Street, Suite 101
Middletown, CT 06457
Fax: 860-638-5366

Account # _____ e-Mail Address _____
Member Name _____ Joint Name _____
Home Phone _____ Work Phone _____

I/We wish to sign up for MiddConn @HOME. I/We agree to comply with the MiddConn@HOME and Electronic Funds Transfer Disclosure, as revised from time to time. I agree that sufficient funds must be available in my account on the date I schedule payments or transfers to be made using the MiddConn @HOME Service. I understand the credit union may refuse any transaction that exceeds limits, required balance, or otherwise draws upon insufficient funds. I understand the credit union may also set limits on any transactions and check withdrawals will only be payable to the primary account name and mailed to the address on record at the credit union. I understand that my MiddConn @HOME Account will be closed if inactive for ninety consecutive days and the credit union must be contacted to re-establish the account.

By signing below, you certify that the information on this application is complete, true and submitted for the purpose of obtaining the electronic service requested. If approved, you acknowledge receipt of and agree to the terms of the Electronic Funds Transfer Agreement.

Member Signature / Date

Please identify if you wish a joint owner to have access to your account and specify any restrictions.

Joint Owner Signature / Date

Joint Owner Restrictions: We require the joint owner to complete a separate MiddConn @HOME application in order for you to have access to their account(s).

BELOW FOR CREDIT UNION USE ONLY:

- The member's signature has been verified against the signature on the card file.
- The member has been notified of account activation.

credit union employee initials

date