



## Virtual Branch Enrollment Application

### eStatement access is now part of Online Banking

**Access to Services.** You will access the services via the Internet.

**Please enter your Information.** (Please P-R-I-N-T)

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Please circle one:      Mr.      Mrs.      Ms.

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Last Name: \_\_\_\_\_

#### 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)

#### NOTE: Checking account no longer required for access.

List all account types.

Account #: \_\_\_\_\_ ☐ Joint Acct

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

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

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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.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required when joint accounts are specified)

YOUR

Email: \_\_\_\_\_  
(P-R-I-N-T clearly ! Please!)

**Application Procedure:** Please complete the application form as instructed. It is suggested you use your recent monthly statement to help fill in the Account# area. Double check your email address, since this is how you will receive instructions how to access your accounts.

Sign and return it to the address listed below.  
Upon processing your enrollment, you will receive an email.

Return to:

KEMBA Louisville Credit Union  
Virtual Branch Services  
4017 Poplar Level Road  
Louisville, KY 40213-1622

(If using U.S. Mail, be sure to attach correct postage!)

OR

FAX: 502.459.4528

OR

Email: [kemba@kembaky.org](mailto:kemba@kembaky.org)

or

[onlinebanking@kembaky.org](mailto:onlinebanking@kembaky.org)