



Virtual Branch Enrollment Application

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)

Additional Home Banking Account(s). 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: _____

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.

Sign and return it to the address listed below. Upon processing your enrollment, you will receive an email with access instructions for use of the service and your security information.

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
or
onlinebanking@kembaky.org