

UNIVERSAL 1 ON-LINE

Free Internet Banking and Bill Payment*
Enrollment Form

Personal Information

NOTE: All fields are required to process this application.

Name _____
(Main Account Holder - Print full name clearly)

Name _____
(Joint Account Holder - Print full name clearly)

Address _____
(Main Account Holder)

City _____

State _____ **Zip** _____

Home Phone (_____) _____

Work Phone (_____) _____

E-Mail Address _____

Account Information

Credit Union Account Number _____

Security Information

(Information needed to verify your identity when you call for assistance)

Mother's Maiden Name _____
(Main Account Holder)

* Bill Payment available with Universal 1 checking account; certain fees may apply.
Please see the Universal 1 On-Line Agreement for details.

Universal 1 On-Line Service Agreement

By signing below: (1) I acknowledge that a Universal 1 On-Line Agreement will be sent to me if my application is accepted by Universal 1 Credit Union. I agree that the Universal 1 On-Line Agreement, as amended from time to time according to its terms, will govern all transactions involving the Universal 1 On-Line, and that my use of the Universal 1 On-Line will confirm that I have received and reviewed the Universal 1 On-Line Agreement and will be bound by its terms and conditions. (2) I authorize Universal 1 Credit Union to honor all transactions made using Universal 1 On-Line, my User Identification Number and Password, as those terms are defined in the Universal 1 On-Line Agreement. (3) I authorize Universal 1 Credit Union to deduct from my Universal 1 Credit Union checking account any service fees related to the Universal 1 On-Line Bill Payment Service as disclosed to me by Universal 1 Credit Union from time to time. (4) I authorize Universal 1 Credit Union to disclose information about my checking account and other accounts to third parties (including Payees) in order to complete transactions using the Universal 1 On-Line Bill Payment Service and for any other purpose indicated in my Universal 1 On-Line Agreement. (5) I authorize my Payees to disclose to the Universal 1 Credit Union and its agents information regarding my account(s) with such Payees in order to complete transactions using the Universal 1 On-Line Bill Payment Service, including to resolve questions regarding such transactions.

Signature _____ **Date** _____
(Main Account Holder)

Signature _____ **Date** _____
(Joint Account Holder)

Mail to: Universal 1 Credit Union, Attn: eCommerce,
2450 Esquire Drive, P. O. Box 341090
Beavercreek, Ohio 45434-1090
or fax to: 937-431-3191

Tellers initials



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