



Secured Advantage Federal Credit Union Online Services Application

Last Name _____ First _____ MI _____ Member # or Social Security # _____

Current Address _____ City _____ State _____ Zip Code + 4 _____

E-Mail Address _____

VIRTUAL BRANCH

I wish to apply for the Virtual Branch online service.

List below all accounts in which you are a joint owner and would like to have access online. Give a description for each account you have listed. **We will not pass any of your account numbers over the internet, nor will any of our employees ask you for any account numbers over the internet.**

Examples of some account descriptions you might like to use: CHECKING, SAVINGS, TRUCK LOAN, HOME LOAN, etc. No more than 20 characters may be used including blanks. Do not repeat account descriptions or use special characters.

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Account # _____	Account Description _____	Allow Transfers	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
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Account # _____	Account Description _____	Allow Transfers	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE READ BEFORE SIGNING

I certify that the information provided is true and correct. I authorize Secured Advantage Federal Credit Union to verify any information included in this application and allow access to all accounts listed above on which I am a joint owner. The use of Virtual Branch shall be governed by the printed terms and conditions of the Virtual Branch AGREEMENT AND DISCLOSURE and such other terms and conditions or amendments thereto, as may be established by Secured Advantage Federal Credit Union and communicated to me in writing.

By the above indication you are acknowledging your enrollment in Virtual Branch Online Banking and by signing below, you agree to the same terms stated above and accept receipt of the Virtual Branch Agreement and Disclosure statement.

BILL PAY

I would like to pay bills from the following checking account (s): **(excludes Money Market and Money Trust Accounts)**

Checking Account #: _____ Checking Account #: _____

ACCOUNT TO ACCOUNT TRANSFER (A2A)

I would like to be able to transfer money to and from another financial institution. I understand that when I log into Virtual Branch and choose A2A for the first time, SAFCU will present me with the terms and conditions of the A2A process. I understand that I must agree to these terms and conditions prior to being allowed to use the A2A option offered by SAFCU.

Checking Account #: _____ Checking Account #: _____

AUDIO RESPONSE (ART)

I wish to apply for the Audio Response (ART) service for the account(s) listed above.

PLEASE READ BEFORE SIGNING

The default PIN is the last four (4) digits of your social security number and you will be required to choose a new PIN when your first access ART. The PIN number chosen must not be disclosed or made available to anyone not authorized to access the account. If the PIN is lost, stolen or forgotten, call the office immediately. A new PIN will be issued to you. For security reasons, member PINs are not maintained at the credit union.

By completing and signing an application/agreement below, I apply for a Secured Advantage Federal Credit Union Personal Identification Number for use with Audio Response by way of a touch-tone phone. You agree to the same terms and conditions stated above.

E-STATEMENTS

I wish to apply for the E-Statement service for the account(s) listed above.

PLEASE READ BEFORE SIGNING

By choosing E-statements, you authorize Secured Advantage Federal Credit Union to deliver statements of your Secured Advantage Federal Credit Union account(s) by electronic means. You understand and agree by requesting electronic delivery, you **WILL NOT** receive statements in paper form delivered by regular United States Postal Service mail.

By the above indication you are acknowledging your enrollment in E-Statements, and by signing below, you agree to the same terms stated above and accept receipt of the E-Statements Agreement and Disclosure statement.

PLEASE READ BEFORE SIGNING

I would like to enroll in Secured Advantage Federal Credit Union's Virtual Branch Bill Payment service. I understand I will be responsible for determining the payee of such payments, the scheduled pay date, the account to be used for bill payment and the availability of funds in my account. I understand any payment made without sufficient funds in my account will be returned and my account will be charged overdraft fees. I also understand electronic bill payment may take the form of a check and may take up to 5 days to reach the payee. Secured Advantage Federal Credit Union is not liable for late charges or other penalties associated with late receipt of my payment by the payee other than that liability described in the Bill Pay Agreement and Disclosure Statement. I understand Bill Pay is a free service and I must use this service as intended. No Bill Activity for 90 days constitutes "inactive" status and the Bill Pay Service will be terminated. I further understand that upon my request for reinstatement of this service I will be charged a re-activation fee of \$25.00 and the 90 day active use provision will apply on reinstatement. If at any time I desire to discontinue Virtual Branch Bill Pay, I may do so upon written notification to Secured Advantage Federal Credit Union, P.O. Box 338 (803 N. Maple St.), Simpsonville, SC 29681, Attention: Virtual Branch Department.

By the above indication you are acknowledging your enrollment in Bill Pay, and by signing below, agree to the same terms stated above and accept receipt of the Virtual Branch Bill Pay Agreement and Disclosure Statement.

Member Signature _____ Date _____

Please mail or fax completed form to: Virtual Branch Department, Secured Advantage Federal Credit Union, 803 N. Maple St., Simpsonville, SC 29681. Fax: 864-967-1495

FOR CREDIT UNION USE ONLY:

Staff Name: _____ Date Received: _____

Staff Name: _____ Date Entered: _____ Date Letter Sent: _____