



HOME (INTERNET) BANKING ENROLLMENT FORM

I would like to take advantage of the free online banking service offered by Tonawanda Community Federal Credit Union. In addition to my primary account, my signature allows me access to all accounts I have listed below that I share ownership.

I understand my account will be activated within a 48 hour business period.

I understand by signing I am authorizing the TCFCU to access my email address below for future communications.

I understand if my email address changes for any reason, I am responsible to inform the TCFCU of my new email address as soon as possible.

I understand my financial data is protected by my personal password which I control from my home baking site.

I understand the TCFCU does not distribute any of my personal information to outside sources.

MEMBER NAME (please print)

	SECONDARY ACCOUNTS (Office use)	
Primary Account Number	Acct. #	
	Acct. #	
Email Address	Acct. #	
	Acct. #	
X Member Signature	Acct. #	
	Acct. #	
Date		

FORM 1

OFFICE USE ONLY

Staff initials _____ Activation Date_____