

Personal Information

Name: _____

Social Security Number: _____

Home Phone Number: _____ Cell Phone Number: _____

E-mail address required: _____

Address: _____

City: _____ State: _____ Zip: _____

Member Number: _____

Joint / Guardian (if applicable)

Name: _____

Social Security Number: _____

Home Phone Number: _____ Cell Phone Number: _____

Authorization

New

Existing

Setup Completed? Y N

Needs PIN Mailer

How did member receive login information?

Other _____

At Branch Needs Pin Mailer

Please read and sign to begin using these services:

For applicants under the legal age of 18, the Parent/Guardian ("Joint Owner") will assume responsibility for all usage for the Online and Mobile Banking Electronic Services and transactions through this account. By opening this account the Joint Owner agrees to these terms and disclosures that are provided.

This Disclosure is pursuant to the Federal Electronics Funds Transfer Regulation. The use of your Internet Home Banking Account is subject to the stated regulations covering the rights and liabilities of the user Ocean State Credit Union.

If Privileges are abused as determined by Ocean State Credit Union, the Credit Union has the right to discontinue use of this account.

IF I CHOOSE to pay my bills through Online Banking. I AUTHORIZE Ocean State Credit Union to post payment transactions generated by Online Banking from the Bill Paying Service to the account indicated. I understand that I am in full control of my account and if at any time I decide to discontinue service, I will provide written notification to Ocean State Credit Union. My use of the Bill Paying Service signifies I have accepted all the terms and conditions of the Bill Paying Service. I UNDERSTAND that payments may take up to ten days to reach the vendor and that they will be sent either electronically or by check. Ocean State Credit Union is not liable for any service fees or late charges levied against me.

Ocean State Credit Union reserves the right to charge a fee for this service at anytime upon Member notification.

We must have your signature on this form to process this information

Signature: _____ Date: _____

Joint Signature: _____ Date: _____

Taken by: _____ Date: _____ Setup by: _____ Date: _____

Branch: _____ IS Review: _____ Date: _____

Please fully complete this form and:

1. Return it to your nearest branch location
2. Mail it to us at - 2006 Nooseneck Hill Road, Coventry, Rhode Island 02816 ATTENTION: IS Department
3. Fax it to us at - 401.397.6452
4. E-mail it to us at - OceanStateCU@OceanStateCU.org