

# AFG EMPLOYEES CREDIT UNION

## Virtual Branch Enrollment Form

Please allow three to five business days for processing. Upon completion, we will e-mail you your username and password. You must have an active AFG ECU checking or savings account.

*Please PRINT the following information. If information is not correctly completed or not legible, this may delay your application.*

FIRST NAME	MIDDLE NAME	LAST NAME
Social Security Number		Home Phone Number
Address		
City		
State	Zip	
E-Mail Address		
Joint Owner	Joint Owner	
Type Account	Account Number	

### FOR ADMINISTRATION USE ONLY

Date Enrolled	Operator Name
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I desire to subscribe to the Virtual Branch Services. This authorization is in force until revoked by myself or AFG ECU and is subject to the Service Terms and Conditions.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_