

# AGC 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 AGC CU checking or savings account .

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

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

I desire to subscribe to the Virtual Branch Services. This authorization is in force until revoked by myself or AGC CU and is subject to the **Service Terms and Conditions**.

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

### FOR ADMINISTRATION USE ONLY

<b>Date Enrolled</b>	<b>Operator Name</b>
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