Please fully complete this form and:

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



Branch:

Online Banking Application CEAN STATE



Personal Information

| Name: | | | |
|--|---|--|-------------------------------|
| Social Security Number: | | | |
| Daytime Phone Number: | | E-mail address | s required: |
| Evening Phone Number: | | | |
| Address: | | | |
| City: | State: | Zip: | |
| Member Number: | | | |
| | | | |
| | Authori | zation | |
| <u>New</u> | | <u>E</u> : | xisting |
| Setup Completed? \underline{Y} \underline{N} | | N | leeds PIN Mailer |
| How did member recieve login in | nformation? | C | Other |
| At Branch Needs Pin Mail | ler | | |
| ase read and sign to begin using these | services: | | |
| his Disclosure is pursuant to the Federal Electronion anking Account is subject to the stated regulation | _ | · · | |
| Privileges are abused as determined by Ocean St | ate Credit Union, the Credit U | Jnion has the right to disc | continue use of this account. |
| | and that I am in full control of of the Bill Paying Service signif p to ten days to reach the ver | my account and if at any fies I have accepted all the ndor and that they will be | |
| Cean State Credit Union reserves the right to cha | arge a fee for this service at a | anytime upon Member no | otification. |
| We must have yo | our signature on this | form to process th | his information |
| Signature: | | | Date: |
| oint Signature: | | | Date: |
| aken by: | Date: | Satup by: | Date: |

IS Review: _

Date:_