COMMUNITY POWERED
FEDERAL CREDIT UNION
YOUR COMMUNITY CREDIT UNION
The Banking Alternative in New Castle County

HOME BANKING & BILL PAYER & T-3 ENROLLMENT APPLICATION

Please sign me up for: ☐ **Home Banking** ☐ **Bill Payer***

☐ **T-3** ___ ___ ___ ___

Bill Payer* **Members must have Home Banking and a Community Powered FCU Checking Account in good standing to apply for the Bill Payer service!*

MEMBER INFORMATION

Member Account #_____

First Name _____

Last Name _____

SSN (Last 4) _____

JOINT ACCOUNT OWNER (IF APPLICABLE)

First Name _____

Last Name _____

SSN (Last 4) _____

Mother's Maiden Name _____

Email Address (Required) _____

Street Address _____

City _____ **Home Phone** _____

State _____ **Zip Code** _____ **Work Phone** _____

Cross Accounts – List all your member accounts with Community Powered FCU that you want the ability to access from this account, even if Home Banking is already set up on those accounts.

Account # _____ **Account #** _____ **Account #** _____

Account # _____ **Account #** _____ **Account #** _____

Account # _____ **Account #** _____ **Account #** _____

PLEASE SIGN AND RETURN BY:

Mail
Community Powered FCU
1758 Pulaski Hwy
Bear, DE 19701

Fax
(302) 392-2949

Email
mserve@cpwrfcu.org

_____ _____
SIGNATURE OF PRIMARY **DATE**

_____ _____
SIGNATURE OF JOINT OWNER **DATE**
(If Applicable)

Revised 4/2020