



Home Banking Enrollment Form

Member Name: _____ Account #: _____

Email address: _____

All fees that are applicable to other transactions (i.e. Insufficient Funds Charges, Returned Check Charges, ACH Rejection Fee, etc.) are also applicable to the Home Banking service. FLHC reserves the right to rescind Home Banking privileges.

I have read and understand the above stipulations. I agree to the conditions and procedures regarding the FLHC Home Banking Service as listed above.

Member Signature

Date

Online Account Holders are encouraged to view and/or print their statements online. This saves the credit union considerable printing and postage costs. If you would like to utilize this service, please sign the authorization below.

****Statement Waiver**** Please cease the printing and mailing of my statements. I will view and/or print my statements online.

Member Signature

Date

Accepted by: _____

Date: _____



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