

## 8815 Folsom Blvd Sacramento CA 95826

## Online Banking / E-Statements Enrollment

NAME
ACCOUNT NO
Daytime Phone # ()
Email Address
Requested Username
Second Requested Username if the above is not available
If this box is checked, You request that We provide documentation to You electronical according to the Consent to Receive Electronic Documentation disclosure provided to You earlier, which You acknowledge that You have read, You understand and You agre to its terms.
Please sign me up for Online Banking and E-Statements. I understand that by activating my PIN (Personal Identification Number) the first time acknowledges the fact that I have received the California Community Credit Union Electronic Funds Transfer Disclosure as part of my original Master Accounts Disclosure. (You can obtain an updated copy by mail, at <a href="https://www.caccu.org/disclosures">https://www.caccu.org/disclosures</a> , or at any branch location.) I agree to be bound by the terms of the agreement as they exist now and may be amended in the future.
SIGNATURE
SIGNATURE CO-OWNER
DATE