

## E-Statement Authorization

Name 1 \_\_\_\_\_

Social Security Number 1 \_\_\_\_\_

Name 2 \_\_\_\_\_

Social Security Number 2 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Account Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Leominster Credit Union must have the signature(s) of all account holders on this form to process this application.

By signing this form, I/we agree to read and abide by the terms and conditions stated in the User Agreement. The User Agreement can be found at Member Online at [leominstercu.com](http://leominstercu.com). Your use of Member Online constitutes acceptance of the terms stated in the User Agreement.

Signature 1 \_\_\_\_\_

Signature 2 \_\_\_\_\_

All account holders must sign.

For Internal Use:

Port No. \_\_\_\_\_

Line No. \_\_\_\_\_

Line No. \_\_\_\_\_