

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 www.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. _____