



eServices Enrollment Form

www.americhoice.org

Member Number _____

Sign me up for Online Banking
FREE to all members!

Sign me up for Audio/Online Banking Transfer Authorizations

Sign me up for Electronic Bill Payment
FREE to all Members!
**** \$7.50 monthly fee if service is NOT used*
*2 consecutive months ****

Cancel Bill Payment Service

Primary Name	Joint Name
Primary Social Security Number	Joint Social Security Number
Primary Email Address	Joint Email Address
Primary Address	Joint Address (if different from Primary)
City, State, Zip Code	City State, Zip Code
Daytime Phone Number	Daytime Phone Number

	Transfer From Account	Transfer To Account	Name on Transfer To Account
***Audio/Home Banking Transfer Authorizations			

By signing below, I/we agree to the terms of the Electronic Fund Transfers Agreement and all account disclosures provided at time of account opening. All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed unless the credit union is notified in writing of a change. A copy is available upon request.

Primary Signature	Date
Joint Signature	Date

FOR ADMINISTRATIVE USE ONLY

Date Enrolled	Operator Name
Branch#	MSR Name

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