

Brockton Postal Employees Credit Union Application Form

If you have any questions about the application, please contact us at 1-508-583-8816

Member Number: _____

User ID: _____
(need to create to access on-line banking)

Name: _____ Checking Account: _____

Address: _____ Savings Account: _____

Apt #: _____ Social Security #: _____

City: _____ Mother's Maiden Name: _____

State: _____ E-Mail Address: _____

Zip Code: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____

By signing below, I am applying for On-Line Banking. I authorize you to charge my account for any transactions accomplished through the On-Line Banking, including the amount of any recurring payment or transfer that I may make, I agree to comply with the On-Line Banking Agreement and Electronic Funds Transfer Disclosure, as revised from time to time.

I agree that sufficient funds must be available in my account on the date I schedule payments or transfers to be made using On-Line Banking Service.

Applicant Signature: _____ Date _____

Co-Applicant Signature: _____ Date: _____

If the account(s) designated for this service are joint accounts, both account holders must sign this application.

**Mail to:
Brockton Postal Employees Credit Union
Attn: On-Line Banking
225 Liberty Street
Brockton Ma 02301**