



Internet Banking & Online  
Bill Payment Services  
Authorization Form

Please complete this form and mail to or drop off at:

United Maryland Employees FCU

Attention: Online Banking

10100 Reisterstown Road, Owings Mills, MD 21117

*You will be notified once your service(s) are activated.*

     I would like internet access to my account(s) as follows:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Daytime phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

(Used for enrollment notification. Please print legibly to avoid delays)

Member Number \_\_\_\_\_

(All shares and loans under the above member number will be accessible)

Other accounts I wish to transfer funds into are:

Name: \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Member#: \_\_\_\_\_ Member#: \_\_\_\_\_ Member#: \_\_\_\_\_

     I would like to sign up for Online Bill Payment Services

You must have a UMEFCU checking/share draft account to use Online Bill Payment.

I agree to receive the agreement and initial disclosure electronically. After I have carefully read the agreement in its entirety, I will be asked to consent to the terms and conditions of the agreement. (It is suggested that you print a copy for future reference.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Member only must sign and signature must be on file at the Credit Union.)