



AnyTime Access Request Form

AnyTime Access

VirtualBranch®
INTERNET HOME BANKING

StatLine
AUDIO RESPONSE

ATM Card
Automated Teller Machine

VISA Debit Card
SHARE DRAFT
(CHECKING) ACCOUNT
REQUIRED

When your access has been approved and set-up, you will receive notification by mail or e-mail.

PLEASE CHECK ACCESS DESIRED

StatLine

VirtualBranch

ATM Card

VISA Debit Card

Share Draft (Checking) Account Required

By checking the boxes above and signing below, I certify that the information on this form is complete, true, and submitted for the purpose of obtaining the electronic service(s) and account(s) requested through the Louisville Medical Center Federal Credit Union (Credit Union).

If I am applying for **StatLine** or **VirtualBranch** access, I understand access is free, but excessive time usage may be limited. I understand a temporary Personal Identification Number (PIN) will be assigned to me and agree to change that number, the first time I use the service, to a private PIN of my choice, known only to me. I agree to keep my PIN private and not allow others to access my account.

If I am applying for an **ATM Card** or **VISA Debit Card**, I understand that signing below and use of the card will constitute acknowledgement of receipt and agreement to the terms of the **Electronic Funds Transfer Agreement** and disclosures of the Credit Union.

I understand electronic systems may be temporarily unavailable to me from time to time. I agree to hold the Credit Union harmless for any transactions initiated by my use of these services or any inability to access the service. I understand a service charge may apply to re-issue or reset my PIN or replace a lost or damaged card.

All terms and conditions of Credit Union membership apply to Anytime Access.

PLEASE PRINT

Primary Account

Holder's Name: _____

Account Number: _____ Primary Account Holder's Social Security Number: _____

Joint Owner(s): _____
(If account is joint, ALL owners must sign for access.)

Address: _____

City: _____ State: _____ Zip: _____

Primary Member's Home Phone Number: _____ Mother's Maiden Name: _____

E-Mail Address (PRINT) _____

Member's **Signature:** _____ Date: _____

Joint Owner's **Signature:** _____ Date: _____



Louisville Medical Center Federal Credit Union

its easy

234 East Gray, Suite 130
Louisville, KY 40202-1907



E-Mail ItsEasy@LMedFCU.org

Phone (502) 629-3716

Fax (502) 629-3715

StatLine 1-877-216-0346

On-Line Website www.LMedFCU.org

OFFICE HOURS

Monday	7:30 a.m. - 4:00 p.m.
Tuesday	8:00 a.m. - 4:00 p.m.
Wednesday	10:00 a.m. - 4:00 p.m.
Thursday	8:00 a.m. - 4:00 p.m.
Friday	8:00 a.m. - 5:00 p.m.

SAVINGS

- Regular Share Accounts
- Christmas Club Accounts
- Share Certificates
- Retirement Accounts (IRA)
- Special Purpose Accounts
- Family Memberships
- Share Draft (Checking)
- ATM/Debit Card

LOANS

- Signature Loans
- Auto Loans
- Pre-Approved Loans
- Loans Secured by Real Estate
- Share Pledge Loans
- Redi-Credit Line-of-Credit
- Overdraft Protection Loans
- VISA Credit Card

OTHER SERVICES

- VirtualBranch** Internet Banking
- StatLine** Audio Response
- Auto Price Information
- Notary Public Service
- Financial Counseling
- Discount Theme Park Tickets
- VISA Money & Gift Cards
- Wire Transfers