



Application for Online Banking Access

Steps for filling out this application:

1. Type in the fields below and print, or print and write in each field
2. Fax to MedPro at 330-848-6095 or Bring in person or mail to: MedPro FCU - 1174 Battles Avenue | Akron, OH 44314

Member Name

Social Security Number

Account Number

Email Address (REQUIRED)

Street Address

City, State, Zip Code

Home Phone

Accounts that I wish to access: (You must be a primary or joint owner to receive access to the accounts listed below.)

Account Number 1

Account Number 2

Account Number 3

By signing and returning this application to MedPro Federal Credit Union, I am requesting access to Online Banking. I have read and agree to the Terms and Conditions of this service, found on the website at www.medprofcu.com, under "Download an Application". I agree to be governed by all Account Agreements, Disclosures and Fee Schedules. I understand that my password is issues for security purposes and that it is my responsibility to keep this information secure. If I disclose my password to anyone, I will be responsible for all transactions performed on my account.

I also understand that, by signing up for online banking, I am automatically enrolled in the E-statement program. I may view my share account information online and realize I may receive one quarterly statement or monthly statement at year-end (depending on my statement frequency). This statement if received will contain only monthly or quarterly information, depending on services used. I realize that MedPro Federal Credit Union will no longer mail me a paper statement. I understand that MedPro Federal Credit Union will hold delivery of my share account statements but will send me a paper account statement, at any time, upon request. I know that I may be charged for history printouts obtained at the branch. I understand that I will not receive a periodic share account or loan account statement. MedPro's home banking service provides account summary and history information. I agree to electronically view disclosures and changes, election information or updates to MedPro products, services or fees and opt out of the requirement for receiving this information by US mail.

X Member Signature

Date

Office use only
Received by _____ on _____

Completed by _____ on _____