# Buckeye State Credit Union



## Internet Banking Application

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Information | | | |
|  | | | |
| Name: |  | | |
| SSN: |  | Account # |  |
| Address: |  |
| Date: |  | | |
| E-Mail: |  | | |
| Phone: |  | | |
|  | I elect to withdraw from the E-Statement program. I acknowledge the fee I will incur, which is disclosed in the Buckeye State Credit Union Fee Schedule. | | |
| Disclosure | | | |
|  | Buckeye may notify you from time to time by e-mail, about product enhancements, or new services. Buckeye will never share or disclose your e-mail address to other parties. If you do not wish to receive these notices, you may opt-out by writing to the below listed address. I hereby consent to the electronic delivery and receipt of consumer disclosures, notices, statements, and any other documents that would ordinarily be mailed to me, via electronic instead of via paper form. I understand that I have the right to receive the aforementioned disclosures via paper if I so choose and that I may withdraw consent to receive electronic disclosures at any time. I man cancel at any time, by written notice, which must be received at the address above before the 15th of the month in which I wish to cancel. | | |
| Signatures | | | |
|  | | | |
| |  |  | | --- | --- | | Signature of Applicant: | Date: | | | | |

|  |  |
| --- | --- |
| Guardian Signature (If under 18): | Date: |

|  |
| --- |
| Delivery |

**You may mail this application to: Fax this application to:**

Buckeye State Credit Union 330-253-9018

ATTN: Internet Banking

PO Box 848 **Deliver to your local branch:**

Akron, OH 44309 Locations: www.buckeyecu.org

|  |
| --- |
| Branch Use Only |

Teller Number:       Teller Initials:       Date: