



## Application

Primary Name: \_\_\_\_\_ Account # \_\_\_\_\_ Date: \_\_\_\_\_  
                    First                      Middle                      Last

Joint Owner: \_\_\_\_\_ Account # \_\_\_\_\_ Account # \_\_\_\_\_  
                    First                      Middle                      Last

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer \_\_\_\_\_ E-mail Address (required) \_\_\_\_\_

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### Authorization

By signing this application, I am applying for Powerline (Edco's On Line Financial Service). Should you approve my application, I agree that all Edco Federal Credit Union Account Agreements, Disclosures and Fee Schedules, as well as the Powerline Agreement and Disclosure Statement will govern my use of Powerline. I understand that by signing below, I agree that my password is issued for security purposes to authenticate electronic transfers and withdrawals. It is my responsibility to safeguard my password. I understand that if I disclose my password to any non-owner I have no recourse for transactions completed by that person and that I am fully responsible for all transactions performed on my accounts. For your protection, we suggest that you do not use programs to maintain your account numbers and passwords where non-owners can obtain it.

By signing this application, I agree that you may send any required disclosures or information to me by electronic communication unless indicated otherwise on this application.

Information will be compared to current information on file at Edco Federal Credit Union. Any discrepancies of the information may be grounds to reject this Powerline Application.

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Applicant Signature \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date \_\_\_\_\_

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Joint Owner (if any, must be joint owner of the account) \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date \_\_\_\_\_

Mail or fax to:

Edco Federal Credit Union  
1165 North Ridge Road E.  
Lorain, Ohio 44055  
Phone Number 440-233-4878  
Fax Number 440-233-8519

