

**CITY OF BRIDGETOWN
CO-OPERATIVE CREDIT UNION LIMITED**

EASY ACCESS SERVICES APPLICATION FORM

Member No:

- Online Banking** **Easy Voice** **Mobile Banking**
 E- Statements **Onl/Mob/IVR Reset**

1. PERSONAL INFORMATION

MR. MRS. MS. LAST NAME(S):

FIRST NAME: MIDDLE NAME(S):

DATE OF BIRTH (MM-DD-YYYY):

IDENTIFICATION

BARBADOS ID CARD No:

PASSPORT No:

OTHER:

ADDRESS: STREET/ AVENUE

CITY/ TOWN: PARISH/ STATE:

ZIP/ POSTAL CODE: COUNTRY:

TELEPHONE NOs: Home: Work: Ext:

Mobile: Email:

2. ACCOUNT INFORMATION

ACCOUNTS I WISH TO ACCESS WITH E-SERVICES

Shares Account

Other

Deposits / CARES Account

Other

3. DECLARATION

I hereby make application for Online Banking Easy Voice Mobile Banking

E-Statements

OnI/IVR/MOB Reset

I accept the terms in the attached user agreement

SIGNATURE:.....

DATE

4. FOR OVERSEAS APPLICANTS ONLY

I prefer to receive my login instructions by (please select one) E-mail Post

NOTARIAL CERTIFICATE:

I _____, Notary Public in and for the Country/ State/ Province/ Country of _____ do hereby CERTIFY that on the day of the date hereof personally came and appeared before me a male/ female who identified his/ herself to be within named _____ the executing party to the foregoing typed documents who did in my presence duly sign, seal and deliver the same as and for his/her free and voluntary act and deed. Given under my hand and seal this _____ day of _____ 20____.

Notary Public in and for the Country/ State/Province/Country of _____

HOW DID YOU FIND OUT ABOUT THIS SERVICE?

FOR OFFICIAL USE ONLY

MEMBER SERVICES REP.:

SIGNATURE:

DATE:

MEMBER SERVICES OFFICER:

SIGNATURE:

DATE:

MEMBER CARE REP. PROCESSING ACCOUNT:

SIGNATURE:

DATE: