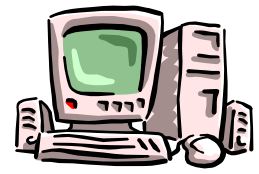




Virtual Branch Enrollment Application



User Information

Social Security #: _____

Please Check One: Mr. Mrs. Ms.

First Name: _____ MI: _____

Last Name: _____

Street Address: _____

City: _____ ST: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

Mother's Maiden Name: _____

Joint Account Owner's Information

First Name: _____

Last Name: _____

List all accounts that you would like to access through V-Branch

Account #:	Check Box For Joint Account
Type of Account: _____	<input type="checkbox"/>
Account #: _____	<input type="checkbox"/>
Type of Account: _____	<input type="checkbox"/>
Account #: _____	<input type="checkbox"/>
Type of Account: _____	<input type="checkbox"/>
Account #: _____	<input type="checkbox"/>
Type of Account: _____	<input type="checkbox"/>
Account #: _____	<input type="checkbox"/>
Type of Account: _____	<input type="checkbox"/>
Account #: _____	<input type="checkbox"/>
Type of Account: _____	<input type="checkbox"/>

Authorization:

You desire to subscribe to the Services and authorize Us, and any third party acting on Our behalf, to serve as Your agent in processing payments and/or transfers to and from targeted Accounts pursuant to Your payment and/or transfer instructions, and You authorize Us to post such payment and/or transfer to Your designated Account(s). You understand that We may not make certain payments and/or transfers if sufficient funds are not available in Your designated Account. This authorization is in force until revoked by You or Us in writing and is subject to the **Service Terms and Conditions** (a current copy of which will be furnished to You) as amended from time to time.

Signature _____ Date _____

Signature _____ Date _____

Application Procedure: Complete the application form as instructed. Each member wishing to sign up for Virtual Branch Services must fill out a separate application. Sign and return it to the address below. You will receive a Welcome Packet which includes instructions for use of the service and information about your User ID and Security Code.

Return to:

Foothills Federal CU
Virtual Branch Services
956 Mulberry Street
Loudon, TN 37774

If you have any questions, call (865) 458-2386

For Office Use Only

Received By _____ Date _____

Activation Date _____

Enrolled By _____ Date _____

Additional Notes _____

HOME BANKING _____
BILL PAY _____