

Crou\$e Federal Credit Union

Last Two Digits of
Social Security #

730 South Crouse Avenue
Syracuse, New York 13210

315-470-7928
www.crousefcu.com

Home Banking

Online Internet Banking is available to the primary member of the Crouse Federal Credit Union. By using this service you can view balances, transfer funds between accounts, obtain check copies and see transaction history. Members can also receive account statements electronically. This means that you can receive your statement promptly at the end of the statement period. This feature will also help defer the cost of statement preparation and postage allowing the Credit Union to pass these savings on to its members in the form of low fees and good rates.

Members please note: Transactions made on the Home Banking site will normally be posted within 24 hours during a normal business day. It is suggested that you take that into consideration when using other electronic services such as ATM or Debit Cards. If you need a transaction immediately posted, please contact a Credit Union Representative during normal business hours.

The primary member must be signed up and entered in the database to use this free service. If you would like to participate in this service please print the form at the bottom of this page, fill it out, and return it to the Credit Union office.

You must be the primary owner of the account and a current member in good standing of the Crouse Federal Credit Union. All fields are required. (Two forms of ID required for all new services). To add joint owner to your account, we must have authorization in written form from primary member and signature of joint owner.

When you return the form to the credit union, you will be given instructions on setting up your account number and password.

After entering the Home Banking module you may change your password at any time.

I would like to participate in the Crouse Federal Credit Union Home Banking Program:

Account #(s) _____ E-mail Address _____ Mother Maiden Name _____

Primary Member Name (Please print) _____

Street Address _____ City _____ State _____ Zip _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

I would like to receive my statements electronically Yes _____ No _____

Primary Member Signature _____ Date _____

Joint Member Signature _____ Date _____

(Two forms of ID required for all new services)

Credit Union Use Only

Home Banking Account # _____

Password will be last 4 digits of Primary Member SS#. Then you may change it.