



LINKAGE[™]
CREDIT UNION
Where People and Finance Connect.

Member Number: _____

Member's Name: _____

Joint Account Holder's Name: _____

Date of Birth: _____ Social Security Number: _____

Address: _____

City: _____ Zip: _____

Home: _____ Cell: _____ Work: _____

E-Mail Address: _____

By signing below, I authorize Linkage Credit Union (LCU) to enable Home Banking Service on my designated account(s). I understand protecting my password is my responsibility. I will safeguard my password, and hold LCU harmless for unauthorized use. I understand I will be able to: review my account history, transfer money from one of my accounts to another, make my loan payments, and request a withdrawal of funds by check and have it mailed to me.

I AGREE TO CHANGE MY TEMPORARY PASSWORD AFTER I LOGIN TO THE LCU HOME BANKING SECTION THE FIRST TIME.

Signature: _____

Date: _____

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Fax · (254)754-7768

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