



**PCU
Personal Credit Union
Enrollment Form**

By signing this form, I/we acknowledge that I/we have read and agree to the terms and conditions of the [Fulton County FCU PCU Internet Banking Agreement and Disclosure](#).

Account Number: _____ Date: _____

Primary Account Holder: _____

Joint Owner (s): _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

*Drivers License: _____

(*Required for PCU access. The credit union must have proper ID on file for us of PCU)

Mother's Maiden Name: _____

We will assign each account an authorization number (pin) at the time of signing up for PCU Services. Please take note that at initial sign on you will be prompted to change that authorization number to an alphanumeric password of your choosing between 4 and 8 digits. Please note that you are responsible for keeping the secrecy of that code. In the event of lost or stolen pin, PCU access will be denied until a new agreement has been signed, and you receive a new password. Access to PCU will be terminated if 90 days or more elapses between online sessions.

I/We also request that transfers be allowed to the following FCFCU accounts:

Account#: _____ Account#: _____ Account#: _____

The Credit Union maintains the right to deny access to accounts based on the terms and conditions as described in the [Agreement and Disclosure](#).

* _____ * _____
(Member Signature) (Date) (Member Signature) (Date)