

VIRTUAL BRANCH AUTHORIZATION

Application Procedure:

Please complete the following application form as instructed. Sign and return it to your local branch or the address listed below. You will receive a Welcome Packet which includes instructions for use of the service, your security code, and UARK'S Service Terms and Conditions. If you have questions about the application please call 1-800-499-8328 and ask for the Virtual Branch Team.

Return To:

UARK Federal Credit Union
Virtual Branch Services
P.O. Box 1643
Fayetteville, AR 72702

Authorization:

You desire to subscribe to the Services and authorize UARK Federal Credit Union, and any third party acting on our behalf, to serve as your agent in processing payments to targeted Merchants and/or transfers to and from targeted accounts pursuant to your payment and/or transfer instructions, and you authorize UARK 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 UARK 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. You further authorize UARK to obtain a credit report or other credit information by any means necessary if you select the Bill Payment Service on your Virtual Branch application.

Signature: _____ Date: _____

Signature: _____ Date: _____
(2nd signature required when joint accounts are specified)