

ARC Federal Credit Union
NOAH-Online Banking Service
Enrollment Form

Member Name: _____

Member SSN: _____ Member DOB: _____

Address: _____

Phone: _____

****EMAIL ADDRESS**(REQUIRED):** _____

Account number(s): _____

SECURITY:

Question: _____

Answer: _____

(This information will be used in the event that we need to verify your identity over the phone to reset your password)

NOTE:

- Please sign and return to:
ARC Federal Credit Union
Attn: Renee Smith
1919 7th Avenue
Altoona PA 16602
- Signatures will be verified against your original signature on your account card.
- You will receive written confirmation of receipt with instructions to complete your enrollment.
- A Reminder Regarding Joint Owners, Co-Makers, Co-Signers: The joint owner, co-maker, or co-signer has unrestricted access to the account and is considered owner just as much as the primary account holder. They are not restricted from withdrawing all available funds if they desire to do so. There are risks in the usage of joint accounts that will need to be considered carefully.

Signature of member: _____ Date: _____

ARC MSR _____ Date: _____