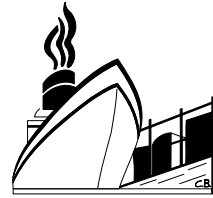


Lower Columbia Longshoremen's Federal Credit Union

On Line Banking Application



Member Name

Account Number

E-mail Address

I am requesting access to my account(s) at Lower Columbia Longshoremen's Federal Credit Union through the On Line Banking system. The Personal Identification Number (PIN) will initially be assigned by the credit union. I acknowledge that I can change my PIN at any time and that I am responsible for the security of that PIN. The credit union reserves the right to terminate access to my account through the On Line Banking system at any time.

By signing this request, I acknowledge and agree to the terms and conditions of the Membership and Account Agreement Disclosure. I also understand that any joint owner on my accounts, or any party to which I give my PIN number can access my account.

This agreement allows me to withdraw and transfer funds within account number _____.

I would like to be able to withdraw and transfer funds to any of the following accounts on which I am an owner or joint owner.

Transfer To Account

Transfer To Account

Transfer To Account

Transfer To Account

By

Date

Maintenance Date

Employee

I hereby revoke this authorization, effective _____.

By

Date

Maintenance Date

Employee

Comments

Mail this complete form to: Lower Columbia Longshoremen's FCU 629 14th Ave. Longview WA 98632.