



## Home Banking Enrollment Application

**A completed application must be submitted for CRFCU@Home home banking. Please allow two (2) days for processing.**

Please fill out the following information and either fax this form to **(860) 513-4030** or drop it off/mail it to our main branch at **1233 Silas Deane Highway, Wethersfield, CT 06109, Attention:IT Department.**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
 Work Phone(\_\_\_\_)\_\_\_\_-\_\_\_\_ Home Phone(\_\_\_\_)\_\_\_\_-\_\_\_\_ Email \_\_\_\_\_

CRFCU@Home home banking access: It is important that you list all Capitol Region FCU accounts that you wish to access via CRFCU@Home. You may have access to only those accounts on which you are listed as an owner or joint owner.

Account # \_\_\_\_\_ Account # \_\_\_\_\_ Account # \_\_\_\_\_  
 Account # \_\_\_\_\_ Account # \_\_\_\_\_ Account # \_\_\_\_\_

Your CRFCU@Home PIN Number is the same as your Capitol Connection/Audio Response PIN Number. If you have not yet set up your Capitol Connection/Audio Response PIN Number, you must do so by calling (860) 513-4031 before you can access CRFCU@Home. Please keep in mind that you cannot use numbers associated with your account number, Social Security Number, birthdate, telephone number or street address when selecting your PIN. **If you have, we advise that you change your PIN number immediately by calling (860) 513-4031 and using Option Code 93.** This is to ensure that your account security is protected.

### Browser and Encryption Information:

You must have 128-bit encryption capabilities with the browser you are using. CRFCU@Home supports Microsoft Internet Explorer 4.6 or greater as well as Netscape 4.0 or greater. Unfortunately, you cannot access CRFCU@Home with WebTV or other cable TV browsers.

You can download the most current versions of these browsers at [www.capitolregionfcu.org](http://www.capitolregionfcu.org).

### Agreement and Authorization:

CRFCU@Home home banking services may be discontinued for account holders not utilizing the services during any 90 day period. You desire to subscribe to the Services and authorize CRFCU and our processor, CMC Flex, acting on our behalf, to serve as your agent in processing transactions to and from targeted accounts pursuant to your transfer/transaction instructions, and you authorize us to post such transactions/transfers to your designate Account(s). You understand that we may not make certain transactions/transfers if sufficient funds are not available in your designated Accounts(s). This authorization is in force until revoked by you or by CRFCU in writing.

Signing this application is your indication that you have read and agree to the Agreement and Authorization listed above.

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
 Print Name: \_\_\_\_\_

Joint Owner Signature: \_\_\_\_\_ Date \_\_\_\_\_  
 Print Name: \_\_\_\_\_