

Coast Online Pro Application Form

Company Information	
Request: <input type="checkbox"/> New Setup <input type="checkbox"/> Change <input type="checkbox"/> Delete	Member Number:
Company Name:	Federal Tax ID:
Email Address (For eStatement):	Contact Number:
Mailing Address:	Physical Address:
ACH Daily Limit:	Wire Transfer Limit:

Security Information	
Requested Company ID:	Company Security Question Answers: <input type="radio"/> Color of First Car: <input type="radio"/> Last Name of Favorite Teacher:

Authorized User(s)	
Company Administrator Name: User ID: Email: Contact Number:	Standard Access: <input type="checkbox"/> Information Reporting <input type="checkbox"/> Account Transfer <input type="checkbox"/> Stop Payment Request <input type="checkbox"/> Payee Maintenance Optional Access: <input type="checkbox"/> ACH Origination <input type="checkbox"/> Wire Transfer Request
Name: User ID: Email: Contact Number:	Standard Access: <input type="checkbox"/> Information Reporting <input type="checkbox"/> Account Transfer <input type="checkbox"/> Stop Payment Request <input type="checkbox"/> Payee Maintenance Optional Access: <input type="checkbox"/> ACH Origination <input type="checkbox"/> Wire Transfer Request
Name: User ID: Email: Contact Number:	Standard Access: <input type="checkbox"/> Information Reporting <input type="checkbox"/> Account Transfer <input type="checkbox"/> Stop Payment Request <input type="checkbox"/> Payee Maintenance Optional Access: <input type="checkbox"/> ACH Origination <input type="checkbox"/> Wire Transfer Request
Name: User ID: Email: Contact Number:	Standard Access: <input type="checkbox"/> Information Reporting <input type="checkbox"/> Account Transfer <input type="checkbox"/> Stop Payment Request <input type="checkbox"/> Payee Maintenance Optional Access: <input type="checkbox"/> ACH Origination <input type="checkbox"/> Wire Transfer Request

Authorization	
By signing below, each of the signers jointly and severally certifies and agrees to the terms and conditions of the Membership and Account Agreement Card, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, ACH Origination Agreement, E-Statement Disclosure, and Coast Online Pro Agreement, if applicable, as amended by the Credit Union from time to time.	
Signature(s) of Authorized Signer(s):	_____
Name(s) and Title(s):	_____
Date:	_____

FOR COAST360 FEDERAL CREDIT UNION USE:			
Reviews and Authorizations:			
Limits:	ACH Origination Daily Limit \$ _____	Transaction Limit	\$ _____
	Wire Transfer Limit \$ _____	Transaction Limit	\$ _____
	Account Transfer Daily Limit \$ _____	Transaction Limit	\$ _____
Signed Coast Online Pro Agreement - ACH Addendum <input type="checkbox"/>			
Application Processing			
Reviewed By:	_____	Date:	_____
Processed By:	_____	Date:	_____
Verified By:	_____	Date:	_____
Approved By:	_____	Date:	_____