



255 S. Prospect Box 457  
Hartville, Ohio 44632  
Phone (330) 877-4370  
Fax (330) 877-1081

**LCFCU @ HOME  
Application**

**With your account security in mind we do not permit e-mail applications for this service. If you are viewing this on our website please print this application then complete the form. You may then return it in person, mail it, fax it to 330 877-1081 or drop off in the nite drop. Please call this office at 330 877-4370 with any questions you may have.**

Return form to: Lake Community Federal Credit Union  
PO Box 457  
Hartville, OH 44632

Member Name \_\_\_\_\_ SSN \_\_\_\_\_

Account Number(s) \_\_\_\_\_  
(List all accounts that you want to access. You must be a joint account holder to have access)

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Home Banking Security Code (for password resets) \_\_\_\_\_  
(This will be used for security identification)

I authorize Lake Community Federal Credit Union to set up cross account transfers from my account to any other accounts on which I am a joint owner and have listed above. I have read the ONLINE SERVICE DISCLOSURE. I also understand that if I am approved for **LCFCU @ Home** I will receive E-Statements. Paper statements are available but an additional fee will apply.

By signing this application I am requesting access to Lake Community Federal Credit Union **LCFCU @ Home** Online account access. I understand that I will receive my log on instruction through the mail in Approximately 7 to 10 days. I understand that the password is issued for my security. It is my responsibility to secure my password. If I disclose my password to any non-owner of my account, I will be responsible for all transactions performed on my account. I agree to be governed by all Account Agreements, Disclosures, and Fee Schedules.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**LCFCU Office Use Only**  
Received by: \_\_\_\_\_ Office \_\_\_\_\_ Fax \_\_\_\_\_ Nite Drop \_\_\_\_\_ Mail \_\_\_\_\_ Verified by: \_\_\_\_\_ Signature Card \_\_\_\_\_ In person \_\_\_\_\_  
Processed by teller # \_\_\_\_\_ Date \_\_\_\_\_ Mailed to member \_\_\_\_\_