

GCU OnLine Registration Form

Name: _____

Please Print

Account No.: _____

Social Security No.: _____

Email Address: _____

Mother's Maiden Name _____ (for security verification)

Signature _____

I authorize General Credit Union to activate my account for GCU OnLine access. If I authorize activation of my account for GCU OnLine, I understand that I will need to use the program in order to keep my service active. If I do not use my GCU OnLine service for six months, the account will be deactivated. I also understand that I will receive my monthly statement(s) only on the GCU OnLine site. Statements and history information are available for six months.

LI _____

PW _____

.OMA _____

(credit union use only)

Mail to:
General Credit Union
6601 Mutual Drive
Fort Wayne, IN 46825