



211-31 Jamaica Avenue
 Queens Village, NY 11428
 Phone: (718) 353-1300
 Fax: (718) 353-5399
 www.qsidefcu.org

MoneyLinQ Online Banking Request Form

Directions: Complete and return this form by fax, mail or in person at our branch (see above for address and fax number).

Name: _____

Member number: _____

How did you hear about this Qside product? _____

Home phone number: _____

Work/daytime phone number: _____

Email address: _____

Address: _____

Unit/Apt. _____

City, State, Zip _____

E-Statements: Yes, send me E-Statements No, send me paper statements

By choosing yes, I hereby request Qside Federal Credit Union to deliver my Qside account statements to me electronically instead of in the mail. I understand that this is a free and secure service. I understand that my account statements will be available to me on my Qside "MoneyLinQ" online banking account and that I will receive email notifications when a new statement is ready to be retrieved. Additionally, it is my responsibility to notify Qside FCU of any changes to my email address.

If we approve the Qside Federal Credit Union Home Banking electronic / PC access service for your accounts, a separate PIN will be assigned to you. You must use your PIN along with your account number to access your accounts. At the present time, you may use the Qside Federal Credit Union Home Banking service to: withdraw funds from your savings accounts; transfer funds from your savings, checking and money market accounts, make loan payments from your savings, checking and money market accounts. Your accounts can be accessed under the Qside Federal Credit Union Home Banking electronic/PC access service via personal computer. Qside Federal Credit Union Home Banking service will be available for your convenience twenty-four (24) hours per day. This service may be interrupted for a short time each day for data processing. We reserve the right to refuse any transaction, which would draw upon insufficient funds, exceed a credit limit, lower an account below a required balance, or otherwise require us to increase our required reserve on the account. All checks are payable to you as a primary member and will be mailed to your address of record. We may set other limits on the amount of any transaction, and you will be notified of those limits. We may refuse to honor any transaction for which you do not have sufficient available verified funds. The service will discontinue if no transaction is entered after numerous unsuccessful attempts to enter a transaction, and there may be limits on the duration of each access.

I have read the above disclosure and agree to terms of the Electronic Funds Transfer Agreement. By signing below, you certify that the information on this application is complete, true, and submitted for the purpose of obtaining the electronic service requested.

Member Signature: _____

Date: _____