

# 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:

Required Security Information (Case-sensitive)	
Requested Company ID:	Company Security Question Answers: <ul style="list-style-type: none"> <li>• Color of First Car:</li> <li>• Last Name of Favorite Teacher:</li> </ul>

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

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, Acceptance of Electronic Statements & Disclosures Consent to Receive Electronic Disclosures, Coast Online Pro Agreement and Coast Online Pro Agreement – ACH Services Addendum, 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:	
Limits: ACH Origination Daily Limit \$ _____	Wire Transfer Limit \$ _____
No. of Authorized Signatures Required to Transact Business _____	
Signed Coast Online Pro Agreement - ACH Addendum <input type="checkbox"/>	
Application Processing	
Reviewed By: _____	Date: _____
Approved By: _____	Date: _____
Processed By: _____	Date: _____
Verified By: _____	Date: _____