

I would like to participate in Billerica Municipal Employees C U Home Banking Program.

Account # _____ E-Mail Address _____

Name (print) _____

Street _____

City _____ State _____ Zip _____

Phone _____ Social Sec # _____ Birth Date _____

I would like to receive my statements electronically Yes ___ No ___

Signature _____ Date _____

Bring completed form to Credit Union office or mail to:

Billerica Municipal Employees C.U.
Town Hall
365 Boston Rd
Billerica, MA 01821