

# Peoples Federal Credit Union

## Billpay Enrollment Form

Member Number: \_\_\_\_\_ \* digits only

Email Address: \_\_\_\_\_

Primary Owner: First Name: \_\_\_\_\_ \* MI: \_\_\_\_\_

Last Name: \_\_\_\_\_ \*

Joint Owner: First Name: \_\_\_\_\_ \* MI: \_\_\_\_\_

Last Name: \_\_\_\_\_ \*

Joint Owner2: First Name: \_\_\_\_\_ \* MI: \_\_\_\_\_

Last Name: \_\_\_\_\_ \*

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \* 9 digits

Street Address: \_\_\_\_\_ \*

City: \_\_\_\_\_ \*

State: \_\_\_\_\_ \*

Zip: \_\_\_\_\_ \* digits only

Home Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \*

Refer to checks to obtain account number(s).



Account Number: \_\_\_\_\_ \* digits only

Account Number: \_\_\_\_\_ digits only

Account Number: \_\_\_\_\_ digits only

I agree to receive e-Statements in order to have Electronic Billpay.

After 90 days of inactivity, Electronic Billpay will cease.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* required