

CU*EASY PAY ENROLLMENT FORM

Today's date:	Acct #
MEMBER INFORMATION	
Member's name:	Email address:
Street address:	Home phone:
City: ZIP Code:	
Code word:	
<p>By signing below you are authorizing Firefighters Credit union to enroll you into Bill Pay. Your use of the Bill Pay will constitute your agreement to the terms and conditions.</p>	
Member Signature:	
Date:	

Cancelling Bill Pay
<p>I wish to cancel Bill Pay. I understand that any payments that already were scheduled and process are still my responsibility. I also understand that any payments that were set up as reoccurring payments will be cancelled effective the date below.</p>
Member Signature:
Date:

For Credit Union Use Only:	
Enrolled in CU*EASY Pay By: _____	Date: _____
Entered comment into CU*Answers By: _____	Date: _____
Member given Terms and Conditions By: _____	Date: _____