

UFCW Local 1776 FCU Electronic Bill Payment Form

Name: _____

Address: _____

Phone: _____

Social Security Number: _____

E-mail address: _____

Account Number: _____

Authorization

I authorize the UFCW Local 1776 FCU to post EBP transactions to the checking account listed on this enrollment form. I further understand that the fee associated with this service will be directly debited from the same account. I understand that I am in full control of my account. If, at anytime, I decide to discontinue the service, I will provide written notification to the Credit Union.

I agree to receive the agreement and initial disclosure electronically. After I have carefully read the agreement in its entirety, I will be asked to consent to the terms and conditions of the agreement. (It is suggested that you print a copy for future reference.)

I understand that payments take an average of 5 business days to reach the payee, and that payments may be made electronically or by mail. The Credit Union is not liable for any service fees or late charges levied against me.

Signature: _____

Date: _____