

# UNIVERSITY FEDERAL CREDIT UNION

## BILL PAY ENROLLMENT FORM

FULL NAME: \_\_\_\_\_ MEMBER #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

PHONE #: \_\_\_\_\_ MOBILE #: \_\_\_\_\_

\*JOINT OWNER: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

\*To ensure adequate time for the payee to receive the payment you should allow at least 10 business days, prior to the due date, when scheduling the 1st payment to a new payee, and 5 business days after your initial payment. We are not liable for any service fees or late charges levied against you by your payee(s).

\*You may not make payments to federal, state, or local tax agencies, or payments of alimony, child support, or other governmental fees or court-ordered payments using Bill Pay.

\*You are responsible for any monetary loss or penalty that you may incur due to the lack of sufficient funds to pay a requested bill.

\*There are no limits on the dollar amount of transfers per day, providing funds are available.

\*You are responsible for keeping your password and online account information confidential. To protect yourself against fraud: do not give out your account information, Password, or User ID; do not leave your computer unattended while you are using the online site; never leave your account information within range of others; do not send account information in any public or general email system.

\*If you believe your password has been lost or stolen, call us at (701) 777-2274 or (701) 775-3738.

By signing below, I agree to the EBPS Consumer Agreement and initial disclosures as found on the internet website ([www2.mycubp.com/universityfederalcu](http://www2.mycubp.com/universityfederalcu)). I also agree to an initial fee of \$2 for this service and a \$3 monthly fee which will be debited from the account listed automatically on the 5th day of the month. There will be a \$15 charge for a returned payment because of an incorrect address, and also a \$15 charge for a stop-payment. **We suggest that you print a copy of this agreement for future reference.**

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