

TCT FEDERAL CREDIT UNION

BILL PAYMENT

Sign Up Request

Please complete the following information if you would like to sign up for TCT Federal Credit Union's Bill Payment Service.

Member's Full Name:	Account Number:
Address:	TCT Share Draft (Checking) Account Number(s)
	1 .
	2 .
	3 .

Home Phone:

Email Address:

- **Inactive Bill Payment Fee:** Our Bill Payment service is free providing you pay at least one bill per month, you authorize us to deduct from your funding account an Inactive Bill Pay Service Fee each month you do not pay at least one bill within that period.
- **Termination:** Bill Payment Services will be terminated if the service is inactive for a period of ninety consecutive days.
- **Important Note:** All fees associated to our Electronic Banking Services are identified on the current Schedule of Fees.

By signing this form, you acknowledge that you have read and are in agreement to the; **TERMS AND CONDITIONS FOR ELECTRONIC BILL PAYMENT & INTERNET BANKING, MEMBERSHIP AND ACCOUNT AGREEMENT, ELECTRONIC FUNDS TRANSFER AGREEMENT AND DISCLOSURE AND THE CURRENT SCHEDULE OF FEES.**

Signature (s): _____ Date: _____

CAMBRIDGE, NY (518) 677-2676	CLIFTON PARK, NY (518) 383-0106	QUEENSBURY, NY (518) 793-1958	MILTON: BALLSTON SPA, NY (518) 884-7002
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www.tctfcu.org

<u>For Office Use Only</u>	Taken in by:
Date:	Processed by: