

PRAIRIE FEDERAL CREDIT UNION BILL PAY ENROLLMENT FORM

MEMBER NUMBER: _____

E-MAIL ADDRESS: _____

PRIMARY OWNER: FIRST NAME: _____

LAST NAME: _____

SOCIAL SECURITY NUMBER: _____

JOINT OWNER: FIRST NAME: _____

LAST NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE NUMBER: _____

By signing below, I agree to the EBPS Consumer Agreement and initial disclosures as found on the internet website. I also agree to a monthly fee of \$5.00 for this service which will be debited from the account listed automatically on the 5th day of the month.

Signature: _____