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 lmfcu.org

Internet Bill Pay Enrollment Form

Please complete and then mail or fax this form to the Credit Union. All owners on Checking must sign this form!

NOTE: You must be enrolled in Online Banking in order to use Internet Bill Pay.

YES, I would like to enroll in Internet Bill Pay.

Account # (as it appears on your statement): _____ Checking Suffix(es): _____

Primary Owner Name: _____ Joint Owner Name: _____

Primary Owner's Social Security Number: _____

Day Phone: _____ Home Phone: _____ Cell Phone: _____

E-mail address (required): _____

Alternate E-mail address (optional): _____

I wish to setup access to the following services within Internet Bill Payment as indicated below:

Allow Access Deny Access

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Gift Payments: Gift checks sent to a third party for special occasions.

Transfers: Transfer funds to my account at another Financial Institution.

Pay a Person: Transfer funds to an account owned by another person at the Credit Union or another Financial Institution.

I understand that I will receive disclosures and agree to the terms and conditions of Internet Bill Pay, LM Federal Credit Union's bill payment service. I agree to accept responsibility for any and all transactions by joint owner(s) and other persons authorized by me to access Internet Bill Pay.

_____ Signature of Primary Owner	_____ Date	_____ Signature of Joint Owner	_____ Date
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I wish to cancel my Internet Bill Pay access.

_____	_____
Signature of primary member	Date

FOR CREDIT UNION USE ONLY:

Auto Enroll? Deny by _____ (date) Supervisor Approval for services: Gift Pmts Transfers Email Pmts
 Verify Owners Setup/Approve on site Send email to member Send letter/EFT Update GUI List IBP on SPL line

_____ Employee Signature	_____ Date	_____ Supervisor Signature	_____ Date
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