



101 Chesapeake Park Plaza ▪ Baltimore, MD 21220  
 410-687-5240 ▪ 800-410-0501  
 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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