*e*BillPay

Enrollment Form

Fitchburg ME Federal Credit Union

Member Info – Please Type or Print

Name: First Middle Last

Mailing Address Apt #

City State ZIP

Phone (Home)

Phone (Work) Ext.

E-mail Address

AUTHORIZATION: By signing below you are applying for a ***e*BillPay** service; acknowledging receipt of the terms and conditions of this agreement and disclosure statement to which you are bound; and you are certifying that all information provided is accurate. By signing this enrollment form, I am voluntarily contracting with ***e*BillPay** service to act as my agent, to include electronic remittance and origination provisions to any merchant listed on said enrollment form, or as modified by me through the ***e*BillPay** service.

☐ (Initial Here) I acknowledge receipt of disclosure

Member Signature Date

Joint Signature Date

Direct Dial: 1-888-391-9793