

BILL PAY APPLICATION

Account #: _____

E-mail Address: _____

Primary Member:
First Name _____
Last Name _____

Joint Member:
First Name _____
Last Name _____

Social Security #:
(of primary member) _____

Street Address: _____

City / State / Zip: _____

Home Phone #: _____

Checking Type:
(i.e. 70, 71, 73) _____

To be eligible for online bill pay, an account must not have exceeded 6 overdrafts in the last 6 months.

Bill Pay FEES:

Automatic Payroll Deposit into account: **No monthly or transaction fees as long as account is used on a monthly basis.** Dormant account fee of \$2.95 per month will be charged after 1 month of no activity.

Non-Direct Deposit Accounts: One month FREE, after initial month, a fee of \$3.95 per month will be charged to the account.

Overdraft fees apply as normal / Stop pay fee after process date will be \$7 plus normal fee of \$20 (\$27 total).

If account is closed and later reopened, a \$10 fee will apply to reopen account.

You will receive an e-mail confirmation in 3 to 5 days with your ID and password.

I understand and agree to the bill pay terms and requirements:

Date:

Employee initials and date:

Return this form to K-State Credit Union, P.O. Box 1343, Manhattan, KS 66505 or fax to (785)537-9106.