

LM FEDERAL CREDIT UNION

101 Chesapeake Park Plaza Baltimore, MD 21220
(410) 687-5240 or (800) 410-0501 Fax: (410) 687-1322 www.lmfcu.com

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 Internet Branch 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**

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

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