

BILL PAY ENROLLMENT FORM

To activate our Bill Payment Service, please follow these simple steps.

1. Review the Bill Pay Terms & Conditions at www.cfcu.org, keep a copy for your reference.
 2. Print this form from your computer and complete the required information.
 3. Return completed form to any Community Financial office or fax to our Service Center at (734) 582-8905.
- You will be notified within 2 business days, via your WebPB Mailbox, when the service has been activated.

Please note the following requirements:

1. All signers on the account must complete the enrollment form in order for Bill Payment Service to be activated.
2. You must have a Community Financial Checking Account to use the Bill Payment Service.
3. You must be 18 years or older to use this service.

For questions concerning this form or the terms & conditions for our Bill Payment Service, please call (734) 453-1200 or (877) 937-2328 toll free.

Community Financial Checking Account Number: _____	
Name 1: _____	Name 2: _____
Name 3: _____	Name 4: _____
Address: _____	
City: _____	State: _____ Zip: _____
Daytime Phone: _____	Email Address: _____
I/We have read and agree to the terms and conditions concerning use of Community Financial's Bill Payment Service. (To obtain a copy go to www.cfcu.org.)	
Signature (Name 1) _____	
Signature (Name 2) _____	
Signature (Name 3) _____	
Signature (Name 4) _____	
Date: _____	<div style="text-align: center;">Office Use</div> Date received: _____ Initials: _____ Date Activated & Member Notified: _____