

# DANNEMORA FEDERAL CREDIT UNION

## Electronic Bill Pay Sign Up Request

If you would like to obtain activation for Dannemora Federal Credit Union's Electronic Bill Payment, please complete the following information.

MEMBER'S FULL NAME:	ACCOUNT NUMBER:
JOINT OWNER (if applicable):	SHARE DRAFT (Checking) Account Number(s) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
ADDRESS:	HOME PHONE:
E-MAIL ADDRESS:	
<p>A temporary username ID and password will be sent to you within seven days of completing this sign-up request form. <i>(Each will be sent under separate cover for security reasons.)</i></p> <ul style="list-style-type: none"><li>• <i>First time users must complete an enrollment process. During this process you will create your own unique user ID (username) and password.</i></li><li>• <i>For added Security: you are required to choose a password and username that is 6-15 characters in length. The password must also contain both alpha and numeric characters.</i></li><li>• <i>As a first time user you will be presented with the credit union's Terms and Conditions again.</i></li></ul>	

By signing this form, I/we acknowledge and I/we have read and are in agreement to the TERMS AND CONDITIONS FOR ELECTRONIC BILL PAYMENT & INTERNET BANKING and the MEMBERSHIP AND ACCOUNT AGREEMENT/ELECTRONIC FUNDS TRANSFER AGREEMENT AND DISCLOSURE.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT NOTE:** Members can fax this form to Dannemora Federal Credit Union at (518) 825-0333 or (518) 492-7480 or mail to P.O. Box 758, Dannemora, NY 12929. A copy of a valid photo ID must accompany all forms that are faxed or mailed. An incomplete sign-up request form may delay processing your request.