

AGC Credit Union

Bill Pay Enrollment Form

Office Use Only

Routing #	Date	Account Number
Credit Union Identifier	Tier Group	
Sender	Phone #	
Fax #	E-Mail	

Please allow three to five business days for processing. Upon completion, we will e-mail you your username and password. You must have an active AGC CU checking or savings account and have access to our *Virtual Branch* in order to use *Bill Pay*.

Please PRINT the following information. If information is not correctly completed or not legible, this may delay your application.

FIRST NAME	MIDDLE NAME	LAST NAME
Social Security Number		Phone #
Address		
City		
State	Zip	
E-Mail Address		
Joint Owner	Joint Owner	
Type Account	Account Number	

FOR ADMINISTRATION USE ONLY

Date Enrolled	Operator Name
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I desire to subscribe to the services and authorize AGC Credit Union, and any third party acting on my behalf, to serve as my agent in processing payments to targeted merchants and/or transfers to and from targeted accounts pursuant to my payment and/or transfer instructions, and I authorize AGC CU to post such payment and/or transfer to my designated account. I understand that we may not make certain payments and/or transfers if sufficient funds are not available in my designated account. This authorization is in force until revoked by myself or AGC CU and is subject to the **Service Terms and Conditions**.

I understand that a service fee will be deducted from the share draft or savings account listed above on the fifth business day of each month. I also understand that payments take at least five business days to reach the payee, and that payments may be made electronically or by mail.

Member Signature _____ **Date** _____