

WEST COAST FEDERAL EMPLOYEES CREDIT UNION "FREE BILL PAY" APPLICATION

NAME _____ SHARE ACCT NO. _____

ADDRESS _____ CHECKING ACCT NO. _____

CITY _____ STATE _____ ZIP _____ PHONE _____

JOINT OWNER NAME (*IF APPLICABLE) _____

EMPLOYER _____

ADDRESS _____ START DATE _____

CITY _____ STATE _____ ZIP _____ PHONE _____

MY PAYROLL DIRECT DEPOSIT IS SCHEDULED TO START ON _____.

MY PAYROLL IS ALREADY DIRECTLY DEPOSITED INTO MY CREDIT UNION CHECKING ACCOUNT.

I ACTIVELY USE AND/OR MAINTAIN ONE OF THE FOLLOWING LOAN/SHARE PRODUCTS AT WCFECU AND I UNDERSTAND THAT I AM REQUIRED TO CONTINUE TO DO SO TO QUALIFY FOR "FREE BILL PAY":

Visa Vehicle Loan # _____ Other Loan # _____ CD # _____

LOCOP # _____ Mortgage # _____ MMA # _____ IRA # _____

I REQUEST THE "FREE BILL PAY" BENEFITS THAT ARE BEING OFFERED BY MY CREDIT UNION. I UNDERSTAND IN ORDER TO RECEIVE "FREE BILL PAY" THAT I AM REQUIRED TO HAVE MY PAYROLL DIRECTLY DEPOSITED INTO MY CREDIT UNION CHECKING ACCOUNT, AS WELL AS ACTIVELY MAINTAIN AT LEAST ONE OF THE LOAN/SHARE PRODUCTS LISTED ABOVE. THESE REQUIREMENTS MUST BE MAINTAINED THROUGHOUT THE DURATION OF MY "FREE BILL PAY" USE. IF I CANNOT MEET THESE REQUIREMENTS AT ANY GIVEN TIME AFTER "FREE BILL PAY" HAS BEEN GRANTED, I WILL NOTIFY THE CREDIT UNION IN WRITING WITHIN 45 DAYS TO AVOID ANY FEES THAT MAY BE INCURRED DUE TO NON-COMPLIANCE OF THE TERMS AGREED TO HEREIN.

SIGNATURE _____ DATE _____

*JOINT OWNER SIGNATURE _____ DATE _____