

# Online Bill Pay Application

Primary Owner: Account Number

\_\_\_\_ \_ (77)

\* Have you completed a First Class Anywhere! Home Banking application prior or to submit with this application? If yes, proceed. Otherwise please complete and submit with this application.

\_\_\_\_\_  
Last Name, First Name, Middle Initial

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Apartment No./P.O. Box No.

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Work Phone #

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Email Address

Signature(s) Required: I/We acknowledge that I/we have received a copy of your First Class Online Bill Pay Agreement, and fee schedule. I/We have read, understand and agree to be legally bound by the terms and conditions of such Agreement. In addition, I/we hereby authorize First Class FCU to obtain a credit report(s) to check my/our history for any or all services. I/We also acknowledge receipt of the disclosure statement informing me/us of our rights under the Electronic Funds Transfer Act. I/We acknowledge that I/we will no longer receive "physical statement(s)" but rather electronic statements that can be printed by me/us. In addition, I/we agree to receive all future statements, disclosures and notices where available to the e-mail account listed on this application.

\* If your account is a joint account, all owners must sign.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Signature  Joint Account

\_\_\_\_\_  
Applicant's Signature  Joint Account

\_\_\_\_\_  
Date

<b>F. I. USE ONLY</b> Remarks
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<b>F. I. USE ONLY</b>  Received Date _____  Approval Date _____  Activation Date _____
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