

REQUEST BILL PAY / DELETE BILL PAY

I, _____, REQUEST TO HAVE BILL PAY ADDED TO MY
ONLINE BANKING BEGINNING: _____,
ON ACCOUNT NUMBER _____.

I UNDERSTAND THAT IT WILL BE UP TO ME TO LET THE BANK KNOW IF I DECIDE I DON'T
WANT BILL PAY.

SIGNED: _____ DATE: _____

CSR: _____ DATE: _____

I, _____, REQUEST TO HAVE BILL PAY
REMOVED FROM MY ONLINE BANKING ON ACCOUNT NUMBER _____.

SIGNED: _____ DATE: _____

CSR: _____ DATE: _____