

Sweetwater Federal Credit Union
Bill Pay Application

Turn in your completed, signed form to one of our tellers at the Credit Union or mail it to our office.

Bill Pay requires a checking account.

Name_____

Social Security Number_____

Address_____

Date of Birth_____

Mother's Maiden Name_____

Email Address_____

Home Phone_____

SFCU Account Number_____

Daytime Phone_____

Cell Phone_____

Bill Pay service fee of \$5.00 monthly will be deducted from the checking account on the last day of the month.

Member
Signature_____Date_____

Member
Signature_____Date_____