



907 Broadway Elmira, NY 14904

## Bill Pay Application

(Please print, sign and return to any Member Service Rep.)

**First 90 days FREE- After 90 days a low monthly fee of \$3.00 will be assessed to your account. (All fields are required)**

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

By signing this request form you authorize Solutions FCU to setup the online bill pay system for the above account. A monthly fee of \$3.00 will be assessed after the 3 month trial period.

**Member Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_