

# SFCU's WEB-24 Bill Pay Application

**PLEASE DO NOT USE THIS FORM IF YOU HAVEN'T SIGNED UP  
FOR WEB-24 - USE THE WEB-24 APPLICATION  
Pay Your Bills On-Line Without Writing a Check!**

Please complete in ink, sign below, and return to Summit Federal either in person or by mail to: P. O. Box 1460, Akron, OH 44309.  
You must have a Summit FCU checking account to qualify for Summit Federal's Bill Pay Service.

Member Name: \_\_\_\_\_ Checking Account # \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address (required): \_\_\_\_\_

**AUTHORIZATION**

By signing below, I am applying for SFCU's Bill Pay Service. Should you approve my application, I agree that my use of Bill Pay will be governed by all Summit Federal Credit Union (SFCU) Account Agreements, Disclosures, and General Fee Schedule, as well as the Summit Federal Credit Union Internet Account Access Agreement and Disclosure Statement.

By signing this application, I expressly agree that you may send any required disclosures or information to me by electronic communication. The term "electronic communication" means a message transmitted electronically in a format that allows visual text to be displayed on equipment such as a personal computer monitor.

Information submitted will be verified against our membership records on file. Discrepancies in the information provided above will cause your application for Bill Pay to be rejected and forwarded to our Fraud Department.

Signature(Required) X \_\_\_\_\_ Date \_\_\_\_\_



Joint owners should complete a separate application. They will receive with a different user name and password.

