

ARC Federal Credit Union
BILL PAY
Enrollment Form

Member Name: _____

Member SSN: _____

Member DOB: _____ Phone: _____

Address: _____

****EMAIL ADDRESS**(REQUIRED):** _____

Account number(s) _____

NOTE:

- Enrollment of multiple accounts is allowed ONLY if the primary owner listed above is also the primary owner, joint owner, of all accounts listed.
- For all electronic bill payment (EBP) enrolled accounts, you will be able to initiate payments from the share savings and share draft accounts only.
- Please sign and return to:
ARC Federal Credit Union
Attn: Renee Smith
1919 7th Avenue
Altoona PA 16602
- Signatures will be verified against your original signature on your account card.
- You will receive written confirmation of receipt with instructions to complete your enrollment.

Signature of member: _____ Date: _____

ARC MSR _____ Date: _____