

Mountain Laurel FCU
Bill Payment Enrollment Form

Primary Owner:

First Name _____ MI _____ Last Name _____

Joint Owner:

First Name _____ MI _____ Last Name _____

Joint Owner 2:

First Name _____ MI _____ Last Name _____

Social Security Number: _____ - _____ - _____ (9 digits)

Street Address: _____

City: _____

State: _____

Zip: _____

Home Phone #: _____

Checking Account Number: _____

Email Address: _____

Member Signature: _____ Date: _____

Joint Signature: _____ Date: _____

Joint Signature: _____ Date: _____

Staff Signature: _____ Date: _____

*There is a \$5.00 monthly enrollment fee.

*This program is accessible through the Mountain Laurel FCU website (www.mlfcu.net).

Please print out, fill out and return to the credit union.