BILL PAYMENT ENROLLMENT

Please enroll my account in the bill paying process with Educators Credit Union.

Name: _____

Member number: _____

DDA MICR# _____
(Entire number on bottom of check or attach voided check.)

Primary member: _____

Title (check one) **Mr.** ☐ **Mrs.** ☐ **Ms.** ☐ **Dr.** ☐

SSN: _____

Address: _____

_____
City **State** **Zip Code**

Date of Birth: _____

E-mail (required): _____

Phone: _____

_____
Signature **Date**

Please sign and return authorization to credit union. Allow 72 hours for activation.

Mail to: **or** **Fax:** **254-751-5876**

Educators Credit Union
PO Box 20728
Waco, TX 76702-0728