

Print out this enrollment form for Electronic Bill Payer, sign the enrollment form, the authorization agreement, and return it to Heritage Valley Federal Credit Union by fax at 717-840-4982, by mail to P.O. Box 3617, York, PA 17402-0637, or drop it off at one of our branches.

## HERITAGE VALLEY FEDERAL CREDIT UNION Electronic Bill Payer Members Enrollment Form

Name:		
Social Security Number:	Member E-mail Address:	
Address:		
City:	State:	Zip:
Phone #		
Share Draft Account Number:		
Signature:		

### Authorization Agreement

I authorize Heritage Valley FCU to post Electronic Bill Payer (EBP) transactions to the account indicated on the enrollment form.

I understand that EBP transactions are subject to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I also understand that I am in full control of my EBP account.

If at any time, I decide to discontinue this service, I will provide written notification to Heritage Valley Federal Credit Union. We are happy to provide Bill Payer as a free service to our members; however, inactive Bill Payer accounts will be closed after three months of non-use. There will be a \$3.00 fee to reactivate this service if it is closed. My use of EBP signifies that I have read and accepted all of the terms and conditions of the Electronic Bill Payer service.

I understand that payments take an average of five business days to reach the payee. Heritage Valley FCU reserves the right to process EBP payments electronically or by mail. Heritage Valley FCU is not liable for any service fees or late charges levied against me. I also understand that I am responsible for any loss or penalty that I may incur due to insufficient funds or other conditions that may prevent my bills from being paid.

Signature: \_\_\_\_\_

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