

Bill Pay Application

Bill Pay Requirements:

- 1. Must have a checking account with SPCTFCU
- 2. Must sign up for e-statement delivery of statements
- 3. Must Payroll Direct Deposit

Primary Owner's Name: Social Security Number: Driver's License Number: Date of Birth: Home Phone: E-Mail Address: Home Address: Employer: Employer: Work Phone: Cell Phone: Signature of Primary Owner Social Security Number: Social Security Number: Social Security Number: Social Security Number: Driver's License Number: Home Address: E-Mail Address: E-Mail Address: E-Mail Address: E-Mail Address: Cell Phone: Signature of Joint Owner	 □ Four free transactions per month. (direct deposit and e-statement sign up required) Note: You may pay up to four bills per month at no charge. Bill payments exceeding four per month will incur a \$1.00 per item fee which will be deducted from your account or you may sign up for unlimited transactions Or □ Unlimited Bill Pay for \$10.00 per month. 	
Driver's License Number: Date of Birth: Home Phone: E-Mail Address: Home Address: Home Address: Employer: Employer: Work Phone: Cell Phone: Cell Phone: Driver's License Number: Date of Birth: Home Address: E-Mail Address: E-Mail Address: E-Mail Address: Work Phone: Cell Phone: Cell Phone:	Primary Owner's Name:	Joint Owner's Name:
Date of Birth: Home Phone: Home Phone: E-Mail Address: Home Address: Home Address: Employer: Employer: Work Phone: Cell Phone: Cell Phone: Cell Phone:	Social Security Number:	Social Security Number:
Home Phone: E-Mail Address: E-Mail Address: Home Address: Home Address: Employer: Employer: Work Phone: Cell Phone: Cell Phone:	Driver's License Number:	Driver's License Number:
E-Mail Address: Home Address: Home Address: Employer: Employer: Work Phone: Cell Phone: Cell Phone: Cell Phone:	Date of Birth:	Date of Birth:
Home Address: Home Address: Employer: Employer: Work Phone: Cell Phone: Cell Phone: .	Home Phone:	Home Phone:
Employer: Work Phone: Cell Phone: Cell Phone: Cell Phone:	E-Mail Address:	E-Mail Address:
Work Phone: Cell Phone: Cell Phone:	Home Address:	Home Address:
Work Phone: Cell Phone: Cell Phone:		
Work Phone: Cell Phone: Cell Phone:		
Work Phone: Cell Phone: Cell Phone:		
Cell Phone: Cell Phone:	Employer:	Employer:
·	Work Phone:	Work Phone
Signature of Primary Owner Signature of Joint Owner	Cell Phone:	Cell Phone:
Signature of Primary Owner Signature of Joint Owner		
	Signature of Primary Owner	Signature of Joint Owner
Date	Date	Date

Fax or mail the completed application to the address below

(361) 364-3683

(361) 364-2132

Phone:

Fax:

501 W. Merriman St. Sinton, TX 78387