

**Veterans Administration Credit Union**  
**Electronic Bill Pay Sign-Up Form**

Must have an active V.A. Credit Union checking account to utilize electronic bill pay. A monthly service charge will automatically be deducted from your checking account.

Member Account  
Number \_\_\_\_\_

Email Address \_\_\_\_\_

Primary Account Owner  
Name \_\_\_\_\_

Secondary Account Owner  
Name \_\_\_\_\_

Street Address \_\_\_\_\_

City Address \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_

For security reasons, please stop by the credit union and sign an electronic bill payment signature card.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_