



GARDEN STATE FEDERAL CREDIT UNION

PAM Internet Banking and PayIT[®] Bill Payment Service Application



Yes, I would like to apply for the services I've checked below.

Account # _____ PayIT[®] Bill Payer Service (\$6.00/month)

| Applicant Information | | | |
|---|----------------|--|----------------|
| Please check one: <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. | | First Name | M.I. Last Name |
| Street Address | | City | State Zip |
| Home Phone () | Work Phone () | | E-mail Address |
| Login ID: | | | |
| Joint Account Information | | General Account Information | |
| First Name | | Refer to your enrollment letter for details on this section. | |
| Last Name Primary | | Account # (PAN) | |
| Authorization | | | |
| <p>I/We desire to subscribe to the services and authorize the Credit Union, and any third party acting on our/my behalf, to serve as our/my agent in processing payments to targeted merchants and/or transfer to and from targeted Accounts pursuant to our/my payment and/or transfer instructions, I/We authorize the Credit Union to post such payment and/or transfer to our/my designated Accounts(s). I/We understand the Credit Union may not make certain payments and/or transfers if sufficient funds are not available in our/my designated Account. This authorization is in force until revoked by you/us or the Credit Union in writing, and is subject to the Service Terms and Conditions (a current copy to be furnished to me/us with our/my Welcome Kit) as amended from time to time.</p> <p>Bill payments should be made by me/us at least ten business days prior to their due date. For fees and charges, see the Credit Union's Rate & Fee Schedule.</p> | | | |
| _____ Your Signature | | _____ Joint Owner's Signature (required when joint accounts are specified) | |
| _____ Date | | _____ Date | |