



## 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

**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.**

|                          |                          |
|--------------------------|--------------------------|
| Primary Owner's Name:    | Joint Owner's Name:      |
| Social Security Number:  | Social Security Number:  |
| Driver's License Number: | Driver's License Number: |
| Date of Birth:           | Date of Birth:           |
| Home Phone:              | Home Phone:              |
| E-Mail Address:          | E-Mail Address:          |

|                      |                      |
|----------------------|----------------------|
| <u>Home Address:</u> | <u>Home Address:</u> |
|                      |                      |
|                      |                      |
|                      |                      |

|           |           |
|-----------|-----------|
| Employer: | Employer: |
|-----------|-----------|

|             |             |
|-------------|-------------|
| Work Phone: | Work Phone: |
|-------------|-------------|

|             |             |
|-------------|-------------|
| Cell Phone: | Cell Phone: |
|-------------|-------------|

\_\_\_\_\_  
Signature of Primary Owner

\_\_\_\_\_  
Signature of Joint Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Fax or mail the completed application to the address below**

**P. O. Box 850  
Sinton, Texas 78387**

**Phone: (361) 364- 3683  
Fax: (361) 364-2132**