



Helping You Make The Most Of Your Money.

Application

Internet Money Management System And Bill Paying System

Please Print:

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M. I.	Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	State	Zip

<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Telephone Number	Email Address	Fax Number (optional)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Member Account Number	Mother's Maiden Name

The undersigned acknowledges receipt of and accepts Scott Credit Union's Internet Money Management System Services Agreement. I further agree that such Services Agreement may be changed from time to time by Scott Credit Union at its sole discretion.

<input type="text"/>	<input type="text"/>
Member's Signature	Date

Internet Bill Paying System

I hereby request access to Scott Credit Union's Internet Bill Paying system. I understand that a monthly fee may/will be assessed and automatically debited from my share draft account monthly. Please refer to Scott Credit Union's fee schedule. Fees are subject to change.

Members must have a share draft account in order to be enrolled for IMMS with Bill Pay.

The undersigned acknowledges receipt of and accepts Scott Credit Union's Internet Bill Paying System Services Agreement. I further agree that such Service Agreement may be changed from time to time by Scott Credit Union at its sole discretion.

<input type="text"/>	<input type="text"/>
Member's Signature	Date

Office Use Only

Appl. Received By MSR/Teller #	<input type="text"/>	User ID	<input type="text"/>
Date Received	<input type="text"/>	Entered By	<input type="text"/>
Signature Verified	<input type="text"/>	Entered Date	<input type="text"/>
IMMS Services Agreement Provided	<input type="text"/>	Yes/No	