

Request for a recurring payment

Please fill out the form below, print it, and bring it in to your local branch for processing.

Payment Information

Member's First Name: _____ Member's Last Name: _____

KFCU Account Number: _____

Payment Amount: _____

Payment Start Date: _____ Cancellation Date: _____

Frequency of Payments

- Weekly (once a week) Semi-monthly (2 times a month on specific dates)
 Bi-weekly (every 2 weeks) Monthly (once a month)

Account Payment Taken From:

- Savings (Share 01) Checking (Share 90)
 Other (Specify Share ID#) _____

Payee (Name of business or individual receiving funds): _____

Bank Name: _____ Payee's Account Number (* must be 8 digits): _____

Reference (Max: 18 characters – alpha or numeric only): _____

Sort Code (6 digits): _____

Contact Phone Number: _____ Work Phone: _____

Email address: _____

I hereby authorize Keesler Federal Credit Union to debit payment(s) from the account indicated above and transfer payment(s) to the payee indicated above.

I have read and agree to the Sterling Bill Payment Terms and Conditions.

Member Signature

Date