



Sterling Bill Pay One Time Payment

Please fill out the form below, print it, and bring it in to your local branch for processing. You can also save the form to your computer and email it to ukbillpay@kfcu.org

Payment Information

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

KFCU Account Number: _____

Requested Payment Date: _____ Payment Amount: _____

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): _____ 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*

- Member is enrolled in eStatements
- Member is enrolled in online banking

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