

# HORIZON CREDIT UNION

## ONLINE BILL PAY APPLICATION

### Applicant

### Co-Applicant (Must be joint owner)

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Full Name

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Full Name

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Street Address

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Street Address

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City, State, Zip

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City, State, Zip

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Social Security Number

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Social Security Number

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e-mail Address

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Phone Number

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Checking Account Number

The undersigned provides this information to obtain an on-line bill payment account with Horizon Credit Union. I/we certify this information is true and complete, and authorize Horizon Credit Union to verify it, obtain more information on our financial responsibility, and furnish the same to others. I/we agree to pay any fees associated with this on-line bill paying service as disclosed from time to time. I/we also agree to be bound by the Rules and Regulations of Horizon Credit Union, and to use this account (if approved) according to the terms and conditions of the above checking account, as well as restrictions or limitations imposed by applicable law as amended from time to time.

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Signature of Applicant

Date

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Signature of Joint Owner

Date