

Telpay Bill Payment Application

Rosenort Credit Union Limited
Transit 879 - 10157

Member #:

Name:

Address:

Box or Street Address

City

Province

Postal Code

Home Phone

Work Phone

Accounts I would like to pay:

(These will be paid through Rosenort Credit Union Internet or Telephone banking programs)

Account Name

Account Number

Example: CU Credit Mastercard

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Add Delete Modify

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I hereby request the Bill Payment Service as offered by the Credit Union to debit payments authorized by me from the account specified by me. Notice of cancellation of this authorization may be made by me at any time. Such notice shall not have effect on debits made prior to cancellation. Should your account have more than one signing authority, all signatures are required below.

Date

Signature

Signature

PLEASE RETURN THIS APPLICATION TO ROSENORT CREDIT UNION