

Welcome to Internet Bill Pay ELECTRONIC BILL PAYMENT AUTHORIZATION

I AUTHORIZE Mountain America Federal Credit Union (MAFCU) to post payment transactions generated through the Internet from the Bill Paying Service to the account indicated on this registration form. If at any time I decide to discontinue service, I will provide written notification to MAFCU. My use of the Bill Paying Service signifies that I have read and accepted all the terms and conditions of the Bill Paying Service. I authorize MAFCU to deduct from the Account designated in my application any service fees related to the Bill-Payer as disclosed to me by MAFCU from time to time. I authorize MAFCU to disclose information about my Account to third parties (including Payees) in order to complete transactions using the Bill-Payer and for any other purpose indicated in my Bill-Payer Agreement. I authorize my Payees to disclose to MAFCU and its agent's information regarding my account(s) with such Payees in order to complete transactions using the Bill-Payer, including resolving questions regarding such transactions.

I UNDERSTAND that payments may take up to 10 business days to reach the vendor and that they will be sent either electronically or by check. MAFCU is not liable for any service fees or late charges levied against me. I also understand that I am responsible for any loss or penalty that I may incur due to a lack of sufficient funds (NSF fee up to \$20) or other conditions that may prevent the withdrawal of funds from my account.

Should there not be sufficient funds in my account, I understand the Bill Pay Company may try up to three (3) times to debit my account and this may result in an NSF Fee being charged to my account for each unsuccessful attempt.

I FURTHER UNDERSTAND that Due to legal requirements, the Bill Pay Service and Mountain America Federal Credit Union limits the ability to make certain types of payments. Payments to payees outside of the United States are prohibited and may not be issued under any circumstances. In addition, the following payments are discouraged, but may be scheduled at your own risk:

- **Tax payments to the Internal Revenue Service or any state or other government agency;**
- **Court-ordered payments, such as alimony or child support;**
- **Payments to insurance companies.**

We will not notify you if you attempt to make any of these payments and we will not be liable if we do not make a prohibited or discouraged payment that you've scheduled.

I ACKNOWLEDGE that in the event that a payment has not been processed on my account for four (4) months or more, my account will be closed and all information will be deleted from the system and cannot be reinstated. I further acknowledge that if I at any time close my checking account, my bill pay account will be closed and all information deleted from the system and cannot be reinstated. I understand that I can open a new bill pay account by filling out the application and accepting the terms and conditions herein.

I AGREE that the Bill-Payer Agreement, as amended from time to time according to its terms, will govern all transactions involving the Bill- Payer, and that my use of the Bill-Payer will confirm that I have received and reviewed the Bill-Payer Agreement and will be bound by its terms and conditions.

