



211-31 Jamaica Avenue
Queens Village, NY 11428
Email: Visit www.QsideFCU.org/secure-email
Phone: (718) 353-1300
Fax: (718) 353-5399
www.QsideFCU.org

Bill Pay Request Form

Directions: Complete and return this form via email by visiting www.QsideFCU.org/secure-email. Or, you may deliver it in person, by fax or regular mail.

Name: _____

Member number: _____

How did you hear about
this Qside product? _____

Social security number: _____

Date of birth: _____

Mother's maiden name: _____

Home phone number: _____

Work/daytime phone number: _____

Email Address: _____

Address: _____

Unit/Apt. _____

City, State, Zip _____

You can pay bills either on an automatic recurring basis or periodically as you request. To use Bill Pay, you will provide us with the name and address of the payee, your account number with that company or person and any other information we require to properly debit your Bill Pay account and credit your Bill Pay account with the payee. You agree to allow the number of days to process as indicated by the processing date for each bill payment. You also agree that your account will have a sufficient account balance to make your bill payments. If your account number or any other information changes or if you wish to add or delete payees, you must enter all such designations and changes in the appropriate fields through the Bill Pay application prior to the processing date. You authorize us to make all changes submitted by you or any other person having access to your password and account information. Bill payments are processed either through an electronic transmission to the payee or by check drawn from your share draft/checking account which will be mailed to the payee. You authorize us to charge you service fees identified in our fee schedule.

I have read the above disclosure and agree to terms of the online Bill Payment. By signing below, I certify that the information on this application is complete, true, and submitted for the purpose of obtaining the electronic service requested.

Member Signature: _____ **Date:** _____