

# Bill Pay Online Enrollment Form



**SEAMEN'S BANK**  
MEMBER FDIC/DIF

Account Name \_\_\_\_\_ Social Security # or EIN \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Bill Pay Option

If accepted, please enable the Checking Account below to be debited for payments and associated fees processed by Seamen's Bank Bill Payment Option. Approval and ongoing use are subject to verification of account status.

## Checking Account Number \_\_\_\_\_

I (We) understand that Seamen's Bank or its authorized agent will use reasonable efforts to ensure payments reach creditors on time, but cannot guarantee the time a payment will be posted by a creditor. Seamen's Bank or its authorized agent will use reasonable effort in ensuring creditors reverse any service fee or late charge related to payment process error. I (We) understand that Seamen's Bank or its authorized agent will not be responsible for any loss or penalty that I (we) may incur due to lack of sufficient funds or other conditions that may prevent the withdrawal of funds from the account shown above.

My (Our) use of Bill Pay signifies that I (we) have read and accepted the terms and conditions governing this service. I (We) understand that payments may take up to six (6) business days to reach my (our) selected vendors and that they will be sent either electronically or by check in accordance with the vendor's instructions to pay. Please refer to your deposit account disclosures for additional fees and charges (where applicable).

## Payment Transfer Option

Please list each Checking Account that you would like to enable for payment(s). All accounts must use the same tax identification number (SSN or EIN). All owners of all Checking Accounts must sign below to authorize the payment(s).

**Checking Account Number(s)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agreement. I (we) hereby authorize and direct Seamen's Bank, until this authorization is revoked by me (any of us) in writing delivered to the bank, as my (our) agent, to transfer payment funds pursuant to Banking Online instructions from me (any of us), between the Checking Account(s) indicated above. To be eligible for payment capability, all accounts must be owned by the customer(s) indicated above. CD's and Passbook Accounts are not eligible for payment transfers.

You may only transfer to (not from) a loan account (from a Checking Account). Seamen's Banking Online payments from statement Money Market accounts are considered pre-authorized transfers. You may make up to six pre-authorized payment transfers per statement period. For Money Market accounts, three of your pre-authorized payment transfers may be made by check to a third party.

Please note: You must be registered for Seamen's Banking Online to access Seamen's Bill Pay by Internet.



**Authorization**

By signing below, I (we) acknowledge that in consideration of Seamen's Bank accepting this (these) account(s), I (we) agree to be bound by the Truth In Savings, Electronic Funds Disclosure, and other disclosures, governing such account(s) or service(s), as amended from time to time, and any other opening documentation executed by me (us) with Seamen's.

Further, I (we) authorize Seamen's Bank to verify the information provided on this application. I (We) understand this service is available for qualified customers meeting Seamen's Bank's approval guidelines. I (We) authorize Seamen's Bank to post payment transactions that I (we) generate by Internet from Bill Pay. I (We) understand that I (we) am (are) in full control of my (our) account. If at any time I (we) decide to discontinue this service, I (we) will provide written notification to Seamen's Bank, P.O. Box 659, Provincetown, MA 02657.

**All account owners must sign, and the signature(s) indicate(s) acceptance of electronic access as defined above.**

**Signature(s)** \_\_\_\_\_ **Date** \_\_\_\_\_  
\_\_\_\_\_ **Date** \_\_\_\_\_  
\_\_\_\_\_ **Date** \_\_\_\_\_

Your signature(s) upon this form allows you to use Seamen's Banking Online to access your accounts.

Please mail the completed application to:

Seamen's Bank  
Attn: Customer Service  
P.O. Box 659  
Provincetown, MA 02657

Thank you.