G.A.P. Federal Credit Union GAP ACCESS / Electronic Bill Payment Enrollment Form

Member Name	Joint Owner Name
Member SSN	Joint Owner SSN
Member Date of Birth	Joint Owner Date of Birth
Street Address	City, State and Zip Code
Home Phone Number	E-Mail Address
I would like to enroll these accounts for the services that I have initialed below NOTE: If you plan to use the EBP service, please list the account to be charged first. For all EBP enrolled accounts, you will be able to initiate payments from the share savings and share draft accounts only. EBP monthly fees are generally posted to accounts between the 5th and 7th business day of each month. Enrollment of multiple accounts is allowed ONLY IF the primary member listed above is also the primary member, or a joint owner, of all accounts listed below.	
Base Account Number	GAP ACCESS(Online Banking Services) FREE – Unlimited Use
Charge Fee To Suffix (01 or 09 only) Base Account Number	EBP (Electronic Bill Payment) \$3.00 Monthly Fee – Unlimited Use or, FREE WITH DIRECT DEPOSIT OF YOUR NET CHECK GAP ACCESS (Online Banking Services)
Charge Fee To Suffix (01 or 09 only)	FREE – Unlimited Use EBP (Electronic Bill Payment) Secondary Account FREE – Unlimited Use
Base Account Number	GAP ACCESS(Online Banking Services) FREE – Unlimited Use EBP (Electronic Bill Payment)
Charge Fee To Suffix (01 or 09 only)	Secondary Account FREE – Unlimited Use
Security Question: Please select one of the questions below and provide the answer. This information will be used in the event that we need to verify your identity over the phone. 1. Name of your first born child? 2. In what city were you born? 3. What is your mother's maiden name?	
Signature of Primary Member	Today's Date
Accepted by (MSR) and Date	And Andrews and An