



Bill Payer Switch Kit

To speed the processing of your request, please follow these steps:

1. Register for DCU's Free Bill Payer service from your account in PC Branch by selecting the *Bill Pay/Cash Edge* option in the menu bar, PRIOR to submitting authorization.
2. Complete the Bill Payee Set-Up Authorization in its entirety. Each billing statement copy must contain the payee name, the address to which the payments must be sent, a phone number for the payee and your account number with the payee.
3. Collect copies of your billing statements and mail with your Switch Kit Authorization to:
Digital Federal Credit Union
220 Donald Lynch Blvd
Marlborough, MA 01752,
Attn: Electronic Services

Or fax to 508.804.3630.

What You Can Expect

1. DCU will complete the payee set up within one business day of receipt of this completed form and copies of all your billing statements. DCU will send you an email to let you know your payees have been set up and you can begin scheduling payments.
2. In order to avoid duplicating payments, be sure to cancel any electronic payments you may have set up using another bill pay service or directly with your payee.
3. **Schedule your payment** - You can request a bill payment as little as four business days before the payment needs to reach the payee.

DCU is not responsible for scheduling your payments to your payees.



DCU BILL PAYEE SET-UP AUTHORIZATION

Primary Member Name _____

Primary Member Number _____

Daytime Phone _____

Email _____

I hereby authorize DCU to enter the Payee information into my DCU Bill Payer account under the above membership, for the following payee(s):

1. Payee Name: _____

Payee Address: _____

Account Number: _____ Phone Number _____

2. Payee Name: _____

Payee Address: _____

Account Number: _____ Phone Number _____

3. Payee Name: _____

Payee Address: _____

Account Number: _____ Phone Number _____

4. Payee Name: _____

Payee Address: _____

Account Number: _____ Phone Number _____

5. Payee Name: _____

Payee Address: _____

Account Number: _____ Phone Number _____

All fields must be completed, if they are not, this request will be delayed.

I have provided DCU with a copy of my most recent bill statement from this payee(s) along with this signed Authorization.

Signature _____

Date _____

I understand DCU is relying solely on information I have provided to establish these payees and that DCU is not liable in any way for incorrect information or resulting payment delays. Further, I understand I am responsible for ensuring the information remains current and that any necessary changes will be made by me via the Payee Setup screen within my DCU Bill Payer Account. DCU may but is not required to contact the payee for verification and/or retain billing statements provided by me.