

Fast Pay Enrollment Form

How to enroll for Fast Pay

1. Complete the enrollment form below.
2. Indicate which method you would like to be contacted with your log-in information and instructions.
E-mail _____ Mail _____
3. Return the completed form to White Crown FCU:
By mail to: P O Box 3060, Denver, CO 80201
By fax to: 303-534-5799
In person at: 1515 Cleveland Place Suite 100, Denver
4. In less than 1 week from the date that your completed enrollment form was received, you will be contacted by (e-mail/mail) with your log-in information, password and further instructions.
5. If you have any questions, concerns or comments please contact White Crown Federal Credit Union.

Fast Pay Enrollment

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____

E-mail Address: _____

Mother's Maiden Name: _____

Social Security Number: _____ Date of Birth: _____

White Crown Checking Account Number(s): _____

White Crown offers the **Fast Pay Services at NO CHARGE.**

By signing below I agree to all of the terms and conditions that are outlined on my initial log-in to Fast Pay and that White Crown is not the clearing institution for FastPay transactions. Stop payments may only be placed after 30 days.

Signature: _____ Date: _____

Credit Union Use Only:

Date Received: ___ / ___ / ___ Date Processed: ___ / ___ / ___ Employee: _____

Member's Signature Verified: _____

Username: _____ Password: _____

Date Notified: ___ / ___ / ___ Sent By: Mail / E-mail Employee: _____