

# Checklist for Automatic/Online Payments

Use this form to complete BillPay setup through Online Banking.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Electric Company | <input type="checkbox"/> Mortgage or Rent      | <input type="checkbox"/> Auto Insurance        |
| <input type="checkbox"/> Gas Company      | <input type="checkbox"/> Auto Payment          | <input type="checkbox"/> Life/Health Insurance |
| <input type="checkbox"/> Water Company    | <input type="checkbox"/> Credit Card           | <input type="checkbox"/> Health Club           |
| <input type="checkbox"/> Telephone        | <input type="checkbox"/> Credit Card 2         | <input type="checkbox"/> Other _____           |
| <input type="checkbox"/> Cell Phone       | <input type="checkbox"/> Credit Card 3         | <input type="checkbox"/> Other _____           |
| <input type="checkbox"/> Cable Service    | <input type="checkbox"/> Credit Card 4         | <input type="checkbox"/> Other _____           |
| <input type="checkbox"/> Internet Service | <input type="checkbox"/> Home/Rental Insurance | <input type="checkbox"/> Other _____           |

**Payee Company Name**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_

Payment Amount \_\_\_\_\_ Frequency/Payment Date \_\_\_\_\_

**Payee Company Name**

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