

OKLAHOMA EDUCATORS CREDIT UNION
BILLPAY REQUEST FORM

Account # _____

Name # _____

Please add BillPay to my Online Banking

By signing below, I request access to OECU's on-line BillPay program. I agree to keep my password confidential and to never disclose my password to any person who is not authorized to sign on the account. I will read and accept the online agreement prior to transacting payments on the BillPay program.

Signature of Applicant

Date