



856-235-0829

PAM (Personal Account Manager) Sign Up Form

You may use this form to sign up for PAM (Personal Account Manager) and PayIT® Bill Payment Service.

Fill in all the fields, then print the form out, sign it, and mail it to:

NJ Community Federal Credit Union
P.O. Box 680
Moorestown, NJ
08057-0680

or fax it to 1-856-235-2904.

[FrontPage Save Results Component]

☐ Yes, I would like to apply for the services I've checked below. I understand that there is no cost for the Internet Service or the PayIT Bill Payment Option.

☐ Internet Service (No Cost)

☐ PayIT Bill Payer Service (No Cost)

☐ I have a Touch Tone Phone

Social Security #

Your Information

Select One: Mr. Mrs. Ms.

First Name:

Middle Initial:

Last Name:

Address:

City:

State: Zip:

Home Phone:

Work Phone:

e-mail:

Mother's Maiden Name: (for security identification verification)

Joint Account Owner Information

First Name:

Last Name:

General Account Information (Refer to your enrollment letter for details on this section.)

Primary Account # (PAN):

Bill Payment Account(s)

Joint Account

Account # (Checking Only):

Personal Account

Account # (Checking Only):

Authorization

I/We desire to subscribe to the services and authorize the Credit Union, and any third party acting on our behalf, to serve as our/my agent in processing payments to targeted merchants and/or transfer to and from targeted Accounts pursuant our/my payment and/or transfer instructions. I/We authorize the Credit Union to post such payment and/or transfer to our/my designated Account(s). I/We understand the Credit Union may not make certain payments and/or transfers if sufficient funds are not available in our/my designated Account. This authorization is in force until revoked by you/us or the Credit Union in writing, and is subject to the Service Terms and Conditions (a current copy is to be furnished to me/us with our/my Welcome Kit) as amended from time to time.

Bill payments should be made by me/us at least five business days prior to their due date. For fees and charges, see the Credit Union's [Rate & Fee Schedule](#).

Your Signature _____ Date _____

Joint Owner's Signature _____ Date _____
(Required when joint accounts are specified)

Please call the office (1-800-361-9322) for any further information.