

Rochester & Monroe County Employees
Federal Credit Union

Bill Payment Enrollment Form

Please provide the following information to set up your account. When your account has been established you will receive an e-mail providing you with your account number and your initial password.

Account Number _____

E-mail Address _____

Primary Owner First Name _____ MI _____

Last Name _____

Joint Owner First Name _____ MI _____

Joint Owner Last Name _____

Social Security Number _____

Street Address _____

City _____

State _____ Zip Code _____

Home Phone Number _____

Account Number _____ Checking or Savings
(circle one)

Account Number _____ Checking or Savings
(circle one)

Date entered and Initials

Date e-mail confirmation sent