



## Bill Payment Enrollment Form

Member Name: \_\_\_\_\_

\*\*\*Member's Checking Account # (MEMBER ID#): 11280000  
(Please include check digit)

Address: \_\_\_\_\_  
(Please include full street address, city, state and zip code)

SSN: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

- To login, please visit [www.flhc.com](http://www.flhc.com).
- Your user id will be:
  - The first letter of your first name (all lower case)
  - The first five letters of your last name (all lower case)
    - (if less than 5 letters, use all letters)
  - The last two digits of your social security number
    - Example: Susan Jackson, SSN 123-45-6789  
sjacks89
- Your temporary password will be:
  - The first two letters of your last name (upper case)
  - The last four digits of your social security number
    - Example: Susan Jackson, SSN 123-45-6789  
JA6789

**All fees that are applicable to other transactions (i.e. Insufficient Funds Charges, Returned Check Charges, ACH Rejection Fee, etc.) are also applicable to the Bill Payment service.**

**FLHC reserves the right to rescind bill payment privileges.**

***I have read and understand the above stipulations. I agree to the conditions and procedures regarding the FLHC Bill Payment Service as listed above.***

\_\_\_\_\_  
*Member Signature*

\_\_\_\_\_  
*Date*

\*\*\* If you get locked out of the Member Bill Pay website, you will need your **Member ID#**

10/21/08

Accepted by: \_\_\_\_\_

Date: \_\_\_\_\_