

## Bill Pay by CheckFree Maintenance Form

Customer Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Check one please:

Checking Account number to be added: \_\_\_\_\_

Checking Account number to be deleted: \_\_\_\_\_

Cancel Bill Pay account

Reactivate Bill Pay account

Customer Signature: \_\_\_\_\_

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

Prepared By: \_\_\_\_\_

Input By: \_\_\_\_\_