



Please complete, print, and sign this form.
Your signature is required to complete this process.

You may fax this form to (432)367-6191 or
Drop it off at either Southwest Heritage Credit Union location.
2809 J.B.S. Parkway 930 W. University
Odessa, TX 79762 Odessa, TX 79763

EZ PAY – BILL PAYMENT ENROLLMENT FORM

All fields are required.

First Name

Last Name

Address

City, State and Zip Code.....

User ID (selected by Member).....

Member Account #

Last 4 Digits of SSN

Email Address (Required).....

Confirm Email Address

Phone Number

I authorize Southwest Heritage Credit Union to enroll my account in the Member EZ Pay Bill Payment system.

Member Signature

Date

Credit Union Use Only:
Initial Password: _____
Account #: _____
Entered: _____
Approved: _____