



**BILLPAYER 2000®**  
MD 10900A-8651  
38 Fountain Square Plaza  
Cincinnati, OH 45273-9611

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Street/Apartment: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

*(where you can be reached between 8am – 5pm)*

Social Security # : \_\_\_\_\_

*(for identification purposes)*

Mother's Maiden Name: \_\_\_\_\_

*(for identification purposes)*

Bank Name: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

*(refer to checking account statement)*

Bank ID#: \_\_\_\_\_

*(first 9 digits on the bottom left of your checks)*

**We'll immediately send you a confirmation letter when we receive your completed application.  
In the meantime, you should continue to pay your bills as usual.**

I authorize the provider of the BillPayer 2000® service ("Company"), to initiate transfers from my bank account to the Company in order to initiate Payments and other related transactions. Payments will be initiated based on instructions the Company accepts from me and/or from payees that I designate. I agree that my participation in the service will be solely governed by the BillPayer 2000® Terms and Conditions, which may change from time to time.

\_\_\_\_\_  
Please Sign Here

\_\_\_\_\_  
Date