



### **ENROLLMENT FOR BILL PAY**

To complete your enrollment for Bill Pay, please complete and return the form below. This document may be dropped off at any of our locations, faxed to (864) 638-2425, or mailed to PO Box 889, Walhalla, SC 29691. Additionally, you may email this form to [customerservice@blueridge.bank](mailto:customerservice@blueridge.bank). This form must be signed and sent as a .pdf document.

Unfortunately, the SC Department of Revenue database breach has forced us to change certain procedures. As a part of this process, we are taking necessary security measures to prevent unauthorized access to our customers' personal data. We apologize for any inconvenience these additional steps may cause.

<b>First Name:</b>	
<b>Last Name:</b>	
<b>Address:</b>	
<b>City:</b>	
<b>State:</b>	
<b>Zip Code:</b>	
<b>E-mail Address:</b>	
<b>Account Number:</b>	
<b>Home Phone:</b>	
<b>Cell Phone:</b>	

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

\_\_\_\_\_  
Date

***For your protection the account holder's signature will be verified before Online Banking will be activated.***

Member FDIC  
2013