

# Schwab *BillPay*<sup>®</sup> Enrollment Form

charlesSCHWAB

By enrolling in Schwab *BillPay*, you will be able to electronically initiate payments to nearly anyone in the United States to whom you would write a check from your account at Schwab.

www.schwab.com

1-888-297-7535

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To begin enjoying the convenience of Schwab *BillPay*, please:

- Complete all sections of this enrollment form and sign where indicated.
- **Mail this enrollment form to: Schwab *BillPay*, Charles Schwab & Co., Inc., P.O. Box 52114, Phoenix, AZ 85072-2114.**
- You will receive an email confirmation once your account is enrolled in the bill payment service.
- A few days later you will receive your welcome materials, along with the Schwab *BillPay* terms and conditions, via U.S. mail.
- You will receive a separate mailing with your initial password, which must be changed the first time you log on to the service.

## 1. Schwab Account Information

We respect your privacy. Schwab will use the information you provide to open and service your accounts, communicate with you and provide information about this service. Read about Schwab's privacy policy at [www.schwab.com/privacy](http://www.schwab.com/privacy).

Schwab *BillPay* is available to Schwab One<sup>®</sup> (with checkwriting feature) account holders only; it is not available for certain accounts such as business, corporate, trust (except living trust), estate, Custodial, international or IRA accounts.

Please indicate your eight-digit Schwab One account number:

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Name on Schwab One account (Print name as it appears on your Schwab statement)
Additional Account Holder Name (Print name.)

## 2. Your Address and Phone Number

The address needs to be the same as the address on your Schwab One account. If your address has changed, please contact Schwab Customer Care at 1-888-297-7535.

Address		City	State	Zip Code
Daytime Phone (     )	Evening Phone (     )	Email Address (required)*		

\*By providing your email address, you consent to receive email from Schwab. Information about opting out of certain email communications is provided at [www.schwab.com/privacy](http://www.schwab.com/privacy).

## 3. Signature(s) Required

We'll send the terms and conditions for this service to the current address on record for the designated Schwab account when this enrollment form is processed. These terms and conditions will govern all Schwab *BillPay* service transactions, and your use of the Schwab *BillPay* service will confirm

that you have received, reviewed and agreed to be bound by these terms and conditions, including any amendments. Your agreement will continue until Schwab receives your notice of termination, as described in the terms and conditions.

**If there is more than one account holder, each individual on the account must include his or her name and signature.**

<b>Signature(s) Required</b>	<b>X</b> Your Signature	Date
	<b>X</b> Additional Account Holder's Signature	Date

<b>FOR CHARLES SCHWAB USE ONLY:</b>			
CSN Number		DDA Number	
RT Number	SC Number	PC Number	

