

Online Banking Bill Payments Worksheet

List your Online Banking Bill Payments that need to be transferred to your new CentralNET Bill Payment Service. HINT: Before you cancel your current bill payment service, print your Payee information and ALL of your Bill Payment History. (Copy this form if more space is needed.)

Checklist for Online Bill Payments:

- | | | |
|---|---|--|
| <input type="checkbox"/> Electric Company | <input type="checkbox"/> Mortgage or Rent Payment | <input type="checkbox"/> Home/Rental Insurance |
| <input type="checkbox"/> Gas Company | <input type="checkbox"/> Car Loan or Lease | <input type="checkbox"/> Automobile Insurance |
| <input type="checkbox"/> Water Company | <input type="checkbox"/> Credit Card _____ | <input type="checkbox"/> Life/Health Insurance |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Credit Card _____ | <input type="checkbox"/> Auto Club (AAA) |
| <input type="checkbox"/> Cellular Phone | <input type="checkbox"/> Other Loans _____ | <input type="checkbox"/> Health Club |
| <input type="checkbox"/> Cable Service | <input type="checkbox"/> Dept. Store Card _____ | <input type="checkbox"/> Other _____ |

Type of Payment (example: Monthly water bill, quarterly insurance premium)

Payee Company Name

Address

City State Zip Code

Account Number

Payment Type: Fixed Amount: \$ _____ Frequency/Payment Date _____
 Amount Varies

New Payment Funding Account Number:

Date Payee and/or Recurring Payment set up in CentralNET:

Type of Payment (example: Monthly water bill, quarterly insurance premium)

Payee Company Name

Address

City State Zip Code

Account Number

Payment Type: Fixed Amount: \$ _____ Frequency/Payment Date _____
 Amount Varies

New Payment Funding Account Number:

Date Payee and/or Recurring Payment set up in CentralNET:

Type of Payment (example: Monthly water bill, quarterly insurance premium)

Payee Company Name

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Account Number

Payment Type: Fixed Amount: \$ _____ Frequency/Payment Date _____
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New Payment Funding Account Number:

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