

# STATE BANK OF ASHLAND

## NetTeller (Online) Banking and NetTeller BillPay APPLICATION

Please complete one form for each person using NetTeller (Online) Banking and BillPay

\_\_\_\_\_  
Last Name                      First Name                      Middle Init                      Birth Date                      Social Sec #

**Required security question.** (Choose one) Color of your first vehicle. \_\_\_\_\_ Name of your first pet. \_\_\_\_\_  
Make of your first vehicle. \_\_\_\_\_ First or last name of your (circle one) 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> grade teacher. \_\_\_\_\_

\_\_\_\_\_  
Residential Address                      City                      State                      Zip

Mailing Address (If different) \_\_\_\_\_  
Home Telephone Number \_\_\_\_\_  
Office Telephone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Cell Phone Number \_\_\_\_\_

**Services Requested** (*choose only one*): No fee for either

\_\_\_\_\_ NetTeller (Online) Banking **without** BillPay      \_\_\_\_\_ NetTeller (Online) Banking **with** BillPay

(The BillPay function will be deleted from any user account after 90 days of non-use).

**Please choose one** of the following for your NetTeller (Online) Banking access of accounts:

\_\_\_\_\_ I wish to have NetTeller access to any current and subsequent account(s) that carries my Social Security number (whether it be as either the primary or secondary-account owner).

\_\_\_\_\_ I wish to have NetTeller access to only the following account numbers (must be an account owner):

Checking \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Savings \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
CDs \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Loans \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**By signing below, I acknowledge and agree to the following terms and conditions:**

1. I acknowledge that I have received and read the State Bank of Ashland NetTeller (Online) Banking Agreement and Electronic Funds Transfer Disclosure ("The Agreement") and agree to the terms and conditions therein.
2. Agree that "The Agreement" may be amended from time to time and notices of these amendments may be communicated to me by e-mail or posting on the Bank's website at <http://www.statebankofashland.com/>.
3. Agree that "The Agreement" as amended from time to time will govern all transactions involving the State Bank of Ashland NetTeller (Online) Banking and BillPay service.
4. Authorize State Bank of Ashland to honor all transactions using my NetTeller Login ID and password.
5. Understand that my NetTeller Login ID and password control account security and access and that I am responsible for the security and use of my NetTeller Login ID and password.
6. Agree to notify State Bank of Ashland of any changes to my E-mail address.

\_\_\_\_\_  
Customer's Signature                      Date

Please complete all requested information, sign and present/mail **this page only** to State Bank of Ashland.

**For Bank Use Only:** Acct info verified by \_\_\_\_\_ Date \_\_\_\_\_

Teller ID # \_\_\_\_\_ Effective Date \_\_\_\_\_ Input by \_\_\_\_\_ Verified by \_\_\_\_\_

Mailed Enrollment Card (date) \_\_\_\_\_ Mailed Temp Password (date) \_\_\_\_\_ Init \_\_\_\_\_