

NetTeller Change Form

NetTeller Banking ID: _____

Name: _____

Social Security Number: _____

E-Mail Address: _____

I would like to make the following changes:

CHANGE ADDRESS:

BILL PAY:

STOP PAYMENTS:

Add (see disclosure
for Bill Pay information)

Allow

Remove

Do Not Allow

Please indicate account(s) you would like to Add, Delete, or Change Restrictions:

ACCOUNT INFORMATION

<u>Account #</u>	<u>Add</u>	<u>Delete</u>	<u>Change Restrictions</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACCOUNT RESTRICTIONS

(Do NOT check more than one box)

*Complete this section ONLY if you want restrictions on your account(s)

		<u>Transfer In</u>	<u>Transfer Out</u>
<u>View Only**</u>	<u>Only**</u>		
(initials)	(initials)	(initials)	(initials)
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

**Certain accounts or account types may automatically be restricted at the bank's discretion

I am making changes to my NetTeller/Bill Pay product as provided by Merchants and Planters Bank. I have viewed the Online Banking Agreement and Disclosure. I agree to all of the terms and conditions as presented in the Online Banking Agreement and Disclosure and understand my rights and responsibilities.

Signature: _____ **Date:** _____

Bank Use Only Accepted & Verified By: _____ Branch #: _____ Date: _____
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