

Application for NetTeller Services – Internet Banking & Bill Pay

Name: _____
 (Must be an account owner for all accounts listed below)

Bank Use Only Net. ID # _____ Temp. Password _____ Employee Initials _____ Date _____
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Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone #:** _____

Social Security # or Tax ID #: _____

Email Address (Required): _____

I would like to sign up for the following services:

NetTeller Online Banking (Access to accounts and other Online Services)

Online Bill Pay (Monthly fee waived when you sign up for E-Statements!)
 \$3.95 monthly fee if not enrolled in E-Statements
 Log in to your NetTeller Online Banking account to enroll in E-Statements

Online Stop Payments (Standard Stop Payment fees apply)
 Stop Payment requests submitted Online are valid for 14 days
 You must sign and submit request in writing for Stop Payments to remain in effect past 14 days

Please indicate which accounts you would like to access

ACCOUNT INFORMATION

Account #	Account Type
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ACCOUNT RESTRICTIONS (Do NOT check more than one box)

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

View Only? <small>(initials)</small> **	Transfer In <small>(initials)</small> Only**	Transfer Out <small>(initials)</small> Only .
<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 applying for the NetTeller/Bill Pay product as provided by Merchants and Planters Bank. I have viewed/will view 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.

Applicant Signature: _____ Date: _____

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