

Application for NetTeller ID/Bill Pay

New NetTeller
 Add Bill Pay
 Make Changes

ID #: _____

Date: _____

Initials: _____

Name: _____ Soc. Sec. # or Tax ID: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Email Address: _____

Requested Services for Activation

All of the accounts under the social security number above or linked to that social security number will be available for viewing and optional services unless specifically restricted by me/us in writing. I/We understand that First National Bank of St Ignace (Bank) standard services include inquiry, statement request, and stop payment inquiries on all accounts attached to my NetTeller ID. I/We also acknowledge the following items are optional and must be selected by me/us to be activated.

1. **Transfer of funds between my/our accounts**
 (Initial here) _____
2. **Be allowed to stop payments online**
 I/We understand that by using my/our secure online access that the bank can accept the Stop Payment as written authorization and no further action needs to be taken by the Bank. I/We understand the Bank will assess a service fee for each Stop Payment I/we place online. I/We indemnify and hold harmless the Bank for any actions taken to process Stop Payment. I/We will notify the Bank promptly if I/we believe my password has been compromised or any Stop Payment has been placed in error.
 _____ (Initial here)

Security Features

As one of the Bank's security methods, you are requested NOT to display your account number(s) online. As such, you are requested to select an identifying name (Pseudo Name) for each of your accounts and use that name to designate your account. The names must contain letters of numbers only, no special characters. These names can be changed at any time.

Account Number	Pseudo Name

I/We am/are applying for the NetTeller/Bill Pay product provided by First National Bank of St. Ignace. I/We have viewed the Electronic Funds Transfer Agreement and Disclosure online or agree to accept an electronically delivered copy of the same. I/We agree to all terms and conditions as presented in the NetTeller Electronic Transfer Agreement and Disclosure and understand that my/our rights and responsibilities. I/We understand that any account I/we open subsequent to this application will automatically be granted NetTeller access unless the Bank is specifically instructed otherwise in writing.

Online Bill Pay Services Only

I/We understand by using my/our secure online access that the Bank can accept scheduled bill payments as written authorization and no further action needs to be taken by the Bank. I/We will notify the Bank promptly if I/we believe my/our password has been compromised or any Bill Payment has been made in error.

I/We understand that by choosing the Bill Pay feature I/we will be charged \$5.95 per month with the first three months free.

Please list the accounts you would like to pay bills from and specify which one you would like the service fee to be taken out of.

Initial for Bill Pay _____

Account Number	Service Charge
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Please provide a security question with an answer for personal verification by telephone. This is an extra measure to keep your identity safe.

Q _____

A _____

Account Holder Signature: _____ **Date:** _____

Account Holder Signature: _____ **Date:** _____