

# Application for NetTeller ID and Bill Payment

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security # or Tax ID #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

<b>BANK USE ONLY: EXISTING NETTELLER CUSTOMER</b>	
<b>ID #</b>	_____
<b>Date</b>	_____
<b>Initials</b>	_____

**P L E A S E   W R I T E   C L E A R L Y**

## REQUESTED SERVICES

I/We understand that DuPage National Bank's (Bank) standard services include inquiry, statement requests, and stop payment inquires on all accounts attached to my/our NetTeller ID. I/We also acknowledge that the following items are optional and must be selected by me/us to be activated. Only the **accounts** listed on this **application will be available for viewing or optional services. Additional accounts may be added upon written request.**

- Funds Transfer.** If this transfer option is not initialed accounts will be view only. I/We may request the transfer option at a later date by contacting the Bank and providing a written authorization.

\_\_\_\_\_ (Initial here)

- Stop Payments.** I/We understand by using my/our secure on-line 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 on-line. I/We indemnify and hold harmless the Bank for any actions taken to process the Stop Payment. I/We will notify the Bank promptly if I/we believe my/our password has been compromised or any Stop Payment has been placed in error.

\_\_\_\_\_ (Initial here)

- Bill Payment.** I/We understand by using my/our secure on-line 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 indemnify and hold harmless the Bank for any actions taken to process a Bill Payment. I/We will notify the Bank promptly if I/we believe my/our password has been compromised or any Bill Payment has been scheduled in error.

\_\_\_\_\_ (Initial here) \*\*\*\* (If this option is chosen, you must indicate below which accounts you would like to be able to pay bills from)

As a security method you are requested to not display your account number(s) on-line except when viewing a statement and entering scheduled Bill Payments. As such, please select an identifying name (Pseudo Name) for each of your accounts and use that name to designate your account. The names must contain letters or numbers only, no special characters. These names can be changed by you at anytime after you receive your NetTeller ID. You must also designate which account(s) you wish to pay bills from.

<u>Account Number</u>	<u>Pseudo Name</u>	<u>Pay Bills From Account?</u>
_____	_____	yes no
_____	_____	yes no
_____	_____	yes no
_____	_____	yes no

I/We am/are applying for the NetTeller/Bill Pay product as provided by DuPage National Bank. I/We have viewed the Internet Banking Terms & Conditions or agree to accept an electronically delivered copy of same. I/We agree to all of the terms and conditions as presented in the Internet Banking Terms & Conditions and understand my/our rights and responsibilities. I/We understand that any account I/we open subsequent to this application will not automatically be granted NetTeller access unless the Bank is specifically instructed to grant access to any such accounts by me/us in writing.

Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

Application Accepted and Information Verified By: \_\_\_\_\_ Date \_\_\_\_\_

Application will not be processed without signature