

Bill Pay Enrollment Form

CUSTOMER INFORMATION

Please complete all fields so that we can verify the accuracy of our records.

Name: (First M Last)

Home Phone: (___) ___ - ____

Address 1

Mobile Phone: (___) ___ - ____

Address 2

Email Address: _____

City, State Zip

BILL PAY TERMS AND CONDITIONS

Please select one of the three options below.

- Personal Customers**
~ 10 Bills for \$4.95 a Month
~ \$0.45 for each additional

For **Personal** customers willing to receive monthly statements through our eStatement website and have direct deposit, we will waive the \$4.95 monthly fee for one account. However, you will still be charged \$0.45 for each bill over the initial 10 and any additional bill pay accounts will incur a fee of \$4.95 per month.

- Business Customers**
~ 15 Bills for \$6.95 a Month
~ \$0.45 for each additional

YES, sign me up for eStatements!

SIGNATURE

Signature: By signing below and gaining access to First National Bank of Odon's Internet Bill Pay System, I agree to comply with and be bound by the terms of this document and Online Access Agreement. I understand that I will be responsible for maintaining security of my password to access my accounts and that I will change this password periodically.

Signature

Date

Mail to: Attn: Online Banking Dept.
First National Bank of Odon
501 W Main Street
Odon, IN 47562

Or Fax: (812) 636-4306