

Bill Pay Enrollment Form

CUSTOMER INFORMATION

Name: (First M Last)

SSN: _ _ - _ - _

Address 1

Birth Day: _ / _ / _ _

Address 2

Home Phone: (_ _ _) _ - _ _

City, State Zip

Daytime Phone: (_ _ _) _ - _ _

*** All fields must be filled in ***

Email Address: _____

BILL PAY TERMS AND CONDITIONS

Your checking account number the bills will be paid from: _ - _ - _ - _

Personal Customers

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

For **Personal** customers willing to receive their monthly statements through our eStatement website and have direct deposit, will have their \$4.95 monthly fee waived.

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

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

Or Fax: (812) 636-4306

Date