

ONLINE BANKING ENROLLMENT FORM



User Information

Date: _____

Customer's Full Name (Last, First, M.I.): _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Birth Date: _____ Social Security Number/TIN: _____

Driver License (State/Number): _____ Expiration: _____

Primary E-mail Address: _____

Primary Contact Number: _____ Fax: _____

User Privileges

- I would like to enroll in **ONLINE BANKING ONLY** (Transaction Research, Check Images, Account Transfers, Statement Downloads)
- I would like to enroll in **ONLINE BANKING AND ONLINE BILLPAY**

Account Information

Please choose one of the following:

_____ Please give access to and the ability to transfer funds between **all** accounts that I own

_____ Please allow access to and the ability to transfer funds between **only** the following accounts:

Please List account(s)/type(s):

_____	_____	_____
_____	_____	_____
_____	_____	_____

Payment Account used to assess fees (if applicable): _____

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Authorization

I authorize BCBank to verify any information in this application and activate accounts listed above for internet banking access by way of NetTeller. I authorize BCBank to activate all functions allowed by NetTeller, including stop payment initiation, bill payments, funds transferring and eStatements. I understand my accounts numbers are set up as a related group and that I can transfer to/from all numbers in that grouping as capabilities and/or restrictions allow.

I understand that I am responsible for this NetTeller profile. The use of NetTeller shall be governed by the printed terms and conditions of the Online Banking Terms and Conditions Agreement and disclosures and such other terms and conditions or amendments thereto, as may be established by BCBank. I authorize any fees associated with this service, including monthly fees and/or applicable service charges, be automatically debited from the "Payment Account" according to time specified. I understand that this agreement may be dissolved by either me or BCBank with or without reason.

Printed Name: _____

Signature: _____

(Must be authorized on all accounts accessed through this NetTeller Profile)

Date: _____

IMPORTANT:

Do not mail this form to the bank. It cannot be processed without *your* presence. This form must be filled out in its entirety. This form must be presented in person to an Online Banking representative at one of our banking locations.

Bank Use Only:

Received/processed by: _____ Approved Date: _____ Last 4 of NTID: _____