



**Bank of
Richmondville**

NetTeller Online Banking™

Consumer Bill Pay Application

(Only for use with customers who have an existing NetTeller account)

Name: _____

Mailing Address: _____

_____ City State Zip

Social Security Number: _____ - _____ - _____ **NetTeller ID Number/Alias** _____

E-Mail Address: _____ **Telephone Number (Daytime)** _____

To the Bank of Richmondville:

I wish to have the NetTeller Online Banking™ **Bill Payment** feature added to the services offered to me as an Internet banking customer. Please have my Bill Pay fees deducted from the following:

Checking account number _____

I certify to you that I am the authorized owner of the NetTeller account identified above and that all information provided in this Bill Pay Application is accurate. I understand that I will not have access to the Bill Pay feature until I receive confirmation and a Bill Payment Password in the mail from the Bank.

I authorize you to obtain and verify any information, including any credit report, that you believe to be appropriate in connection with this Application and to provide information concerning me, or your experience with me, to credit reporting agencies and others to the extent allowed by and in accordance with applicable law.

Consumer's Signature

Date

NetTeller Online Banking™ is a trademark of Jack Henry & Associates, Inc.

FOR OFFICE USE ONLY:

Branch Office _____ Mail In Person Fax Other Received By _____ Date Received _____

Change made by: _____ Date _____