

The First National Bank of Mertzon



APPLICATION FOR INTERNET BANKING

To enroll for Internet banking service/Paylinks Online Bill Payment, please complete and sign this application and return it to the bank.

We must receive this signed application before we can process your request.

Social Security # (of first name on account) _____

Name _____
Please print

E-Mail Address _____
Please print

Street _____

City _____ **State** _____ **Zip** _____

Telephone _____

By signing below, I am applying for Internet banking service. I authorize you to charge my account for any transactions made through use of the Internet banking service, including the amount of any recurring payment or transfer that I make. I agree that sufficient funds must be available in my account on the date I schedule payments or transfers to be made using the Internet banking service/PayLinks. I acknowledge receipt of the Internet Banking Agreement, that I understand the terms and conditions set forth therein, and agree to be bound by them.

Please furnish your account number(s) and account type(s) that you wish to have Internet banking access to:

I certify that the information provided is true and correct. I authorize The First National Bank of Mertzon to verify any information included in this application and allow access to the accounts listed above.

Signature _____ Date _____

Signature _____ Date _____

Return this application in person to the Bank.