

# Online Banking Application

## NetTeller

Date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Applicant: \_\_\_\_\_

Security Tag: \_\_\_\_\_

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Social Security Number) (Date of Birth)

\_\_\_\_\_  
(Address)

**Estatements: Y/N**

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(Phone)

I wish to have access to the bill payment feature **Y / N**. (circle one) (Yes will be assumed if not completed.)

Accessible Account(s)\* (List all accounts to be accessed using online banking.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your User ID and password will be mailed to you.**

FAX: 573-657-0606

**Bring this application into our banking location, fax or mail it to:** Connections Bank

P.O. Box 228

Ashland, MO 65010

Before using Online Banking, users must first agree to the *Connections Bank Online Banking Service Agreement and Disclosure Statement* which is displayed when first logging-on to Net Teller.

\_\_\_\_\_  
(Applicant Signature)

=====  
Date Received: \_\_\_\_\_ User ID: \_\_\_\_\_

Received by: \_\_\_\_\_ ID/Password Mailed \_\_\_\_\_

Processed by: \_\_\_\_\_