## The Neffs National Bank Business / Organization NetTeller® Online Banking Application

| <b>Business / Organization Information</b> (A  | Il fields are required)  |
|--|--|
| ☐ New Application  | ☐ Revised Application (Current NetTeller #)                                  |
| Name of Business / Organization:   | EIN:   |
| A.11   |  |
| Address:   | Phone # for Business / Organization:   |
| City: State: Z   | Zin:   |
| State. 2   | Zip: Primary Contact's E-Mail Address:                                       |
|  |  |
| Authorized Signer(s) / User(s):  |  |
| Name / Primary Contact:  | Social Security # Date of Birth Phone #                                      |
|  |  |
| Name / Second Contact (if applicable):   | Social Security # Date of Birth Phone #                                      |
|  |  |
| Name / Third Contact (if applicable):  | Social Security # Date of Birth Phone #                                      |
| Name / Fourth Contact (if applicable):   | Social Security # Date of Birth Phone #                                      |
|  |  |
| Account Type Account Num List accounts you wish List Correspond to access on NetTeller® Account Number   | ber Account Type Account Number Iist accounts you wish to List Corresponding |
|  |  |
|  |  |
| temporary password will be sent to the email addr<br>the system. Access to the system is governed by t<br>both of which you will need to review and accept the | monthly statements will no longer be mailed, rather they will be             |
| Signature:   | Date:  |

 ${\bf MAIL,\,FAX,\,OR\,DROP\text{-}OFF\,\,COMPLETED\,\,FORM\,\,TO\colon}\quad {\bf The\,\,Neffs\,\,National\,\,Bank}$ 

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