

First US Bank

Internet Banking
 Online Bill Pay
(Debit Acct. No. _____)

Maintenance
Net Teller ID # _____

Customer Information (Please Type or Print)

Name (*First, MI, Last*)

Social Security No.

(_____) _____

Home Phone No.

(_____) _____

Address

Work Phone No.

_____/_____/_____
Date of Birth (xx/xx/xxxx)

E-mail Address

You will be mailed your *NetTeller* ID within 3 to 7 days.

Your Temporary *NetTeller* Password is the last four digits of your Social Security Number

Internet users will be prompted to change PIN after first time access.

Accounts to add to Internet Banking:

Account No.: _____ Acct. Type: _____

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AUTHORIZATION – By signing below, you are applying for Internet Banking (& Online Bill Pay) service; acknowledging receipt of the terms and conditions of this agreement and disclosure statement to which you agree to be bound; and you are certifying that all information provided is accurate. Should you be enrolling in the additional service of Online Bill Pay, you voluntarily contract with the Online Bill Pay service to act as your agent, in include electronic remittance and origination provisions to any merchant listed on said enrollment form.

Signature Date

Signature Date