

FOR BANK USE ONLY

THE IDABEL NATIONAL BANK

ONLINE BILLPAY SIGN-UP FORM

APPLICANT INFORMATION	
*required fields	
*Name(s):	
*Address:	
*Home Phone:	E-mail:
*SSN or TIN:	Additional SSN (if necessary):
Online Banking ID(if applicable):	

By signing below:

1. I certify that the above information is correct.
2. I have read and agreed to The Idabel National Bank's Online Billpay Disclosure and Agreement.
3. I authorize The Idabel National Bank to post payment transactions generated by my PC from their online billpay service.
4. I understand that payments made by check may take 5-7 business days to reach the vendor and that The Idabel National Bank is not liable for any service fees or late charges levied against me.
5. I understand that I am responsible for any loss or penalty that I may incur due to the lack of sufficient funds or other conditions that may prevent the withdrawal of funds from my account.

MUST have both signatures if joint-owners are using the same Internet Banking ID and PIN

Signature(s)	Date