

Kennett National Bank Internet Banking - Bill Pay Application

Applying for:

- KNB Internet Banking

- Totally Free Bill Pay

Account Holder Information:

Name _____
Social Security Number

Street Address, City, State, Zip

Home Phone _____
Business Phone

Email Address _____
Occupation/Title

Accounts Designate for Internet Access

Please write the account number of all account you wish to access through KNB's Internet Banking system. You may also add a descriptive name for your use, i.e. Operating, Payroll, etc.

Account Number _____
Description _____
Type of Account

Account Number _____
Description _____
Type of Account

Account Number _____
Description _____
Type of Account

Account Number _____
Description _____
Type of Account

Internet System Administrator

Please designate a system administrator who will be given full access to all accounts listed above. The system administrator will have full administrative rights and will designate what level of access will be given to each user, You may assign these administrative rights to more than one user:

Name _____
Social Security Number

Name _____
Social Security Number

Internet Banking System User

Please list all persons who will be given access to the Kennett National Bank Internet Banking system. Your system administrator(s) will assign each user the appropriate level of access.

User Name

Social Security Number

User Name

Social Security Number

User Name

Social Security Number

User Name

Social Security Number

Service Agreement

By signing below: (1) I/we will be bound by the term and conditions of Kennett National Bank's Depository Agreement which Kennett National Bank may amend from time to time. (2) I/we understand that the passwords issued can be used to withdraw funds from the account(s) and that I/we must safeguard all passwords. I/we authorize Kennett National Bank and its agents to follow any instructions transmitted by use of these passwords, and agree to be bound thereby. (3) I/we authorize Kennett National Bank to disclose information about any of my Kennett National Bank accounts to third parties (including payees) in order to complete transactions using Internet banking. I/we also authorize my payees to disclose to Kennett National Bank and/or its agents information regarding my account(s) with such payees in order to complete transactions using Internet banking, including resolving questions regarding such transactions.

Account Holder or Authorized Signer

Date

Account Holder or Authorized Signer

Date

I/we, by signature above, certify that everything that has been stated in this application and on any attachments is correct. KNB is authorized to retain this application whether or not it is approved. By completing and submitting this form, I/we accept the terms and agreements outlined in the Electronic Fund Transfer Act Disclosure. I/we understand that a user ID and temporary password will be issued to me/us within 48 hours of receipt of application. I/we must change the temporary password(s) to private password(s) the first time I/we log on to Kennett National Bank's Internet Banking system.