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**Home Banking / Bill Pay Enrollment Application**

**Application Procedure:** Please complete the application form as instructed. Sign and return it to your branch or to P.O. Box 380 Bourbonnais, IL 60914. You will receive a welcome packet that includes instructions for use of the service and your security code.

- Home Banking       Bill Pay\* (\*\$5.95 monthly fee assessed for Bill Pay)

**Primary Member Information: (Please Print)**

Account #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Joint Member Information (if applicable):**

Full Name: \_\_\_\_\_

Social Security # \_\_\_\_\_ Phone # \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Additional Home Banking Account(s):** Any additional joint accounts added to your home banking require signatures of authorization from the joint owner of the account.

Account: \_\_\_\_\_ Type of Account: \_\_\_\_\_ Joint: \_\_\_\_\_

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**Bill Payment Account(s):** Please fill out the section below **ONLY** if you are enrolling in Bill Pay. Select up to two checking accounts to pay bills from. Please indicate if the bill pay account you are adding is joint.

\_\_\_\_\_ Joint Acct. \_\_\_\_\_ Joint Acct.

**Authorization:** You desire to subscribe to the Services and authorize Us, and any third party acting on Our behalf, to serve as Your agent in processing payments to targeted Merchants and/or transfers to and from targeted Accounts pursuant to Your payment and/or transfer instructions, and You authorize Us to post such payment and/or transfer to your designated Account(s). You understand that We may not make certain payments and/or transfers if sufficient funds are not available in Your designated Account. This authorization is in force until revoked by You or Us in writing. The undersigned acknowledge receipt of a copy of the Terms and Conditions applicable for this service.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_