

Primary Account Holder Information

Last Name	First Name/Middle Initial	Driver's License Number
Street Address	City State	Zip Code
Daytime Phone	Evening Phone	Social Security Number/TIN
E-Mail Address	Date of Birth	Mother's Maiden Name

Joint Account Holder Information (or person authorized to receive information via the Internet)

Last Name	First Name/Middle Initial	Driver's License Number
Social Security Number/TIN	Date of Birth	

Exchange Line

The undersigned authorizes National Exchange Bank & Trust to provide **transfer** capability between and **access** to information via the telephone on all allowable solely-owned and jointly-held NEBAT accounts. Custodial accounts may be activated upon individual request and Bank approval.

The undersigned agrees to take full responsibility to protect the personal identification numbers (PIN) that allows access to the account(s) and understand that by giving anyone the PIN(S), he/she gives that person permission to inquire on the account(s) and transfer funds between the accounts.

The undersigned also takes responsibility for any fees incurred by using the product.

Exchange Online

The undersigned authorizes National Exchange Bank & Trust to provide **transfer** capability between and **access** to information via the Internet on all allowable solely-owned and jointly-held NEBAT accounts. Custodial accounts may be activated upon individual request and Bank approval. This activation also includes all privileges and responsibilities associated with Exchange Line, the telephone banking product.

The undersigned agrees to take full responsibility to protect the access code, user name, or passwords (security devices) that allow access to the account(s) and understand that by giving anyone these security devices, he/she gives that person permission to inquire on the account(s) and transfer funds between the accounts.

The undersigned also takes responsibility for any fees incurred by using the product.

External Transfer

The undersigned authorizes National Exchange Bank & Trust to provide **transfer** capability between the following accounts via the Internet. The undersigned further certifies that he/she has access to the account, either as an owner or an acting fiduciary. Custodial accounts may be activated upon individual request and Bank approval.

The undersigned agrees that all external transfers are governed by the same rules and regulations as other electronic and telephonic transfers, and that he/she agrees to take full responsibility to protect the access code, user name, or passwords (security devices) that allow access to the account(s). A \$3.00 fee will be charged to all outgoing transfers. A voided check or statement copy from the financial institution listed below is required.

NEBAT Account: _____
 Checking Savings

Bank Name: _____

Routing Number: _____

Account Number: _____
 Checking
 Savings

Account Number: _____
 Checking
 Savings

Bill Payment Service

Pay bills from this
 Checking Account number _____

The undersigned authorizes NEBAT or its authorized agent to make payments to creditors as authorized by Exchange Online and also authorizes NEBAT to post such payments to the account indicated above.

Free Checking Only: \$3.95 for 10 bill payments/\$.35 over 10 All other Checking Accounts there is no charge. These fees may be changed with a 30-day prior notice.

The undersigned also understands that NEBAT or its authorized agent will not be responsible for any loss or penalty that is incurred due to lack of sufficient funds or other conditions that may prevent the withdrawal of funds from the above indicated account. This product is also governed by all rules and regulations associated with Exchange Online.

The undersigned requests all the services indicated above and acknowledges the receipt of and agreement to the rules and regulations governing each individual product. Termination of Exchange Online and Exchange Line services can be made by providing the Bank with written notice within 10 business days prior to the actual discontinuation date. The Bank reserves the right to terminate this service at any time without providing written notice. All requests on this form are subject to verification and approval.

Authorized Signature _____ Date _____ Authorized Signature _____ Date _____

For Bank Use Only (Initial/Date) Notes: _____

Ex. Line Act. _____ Ex. Online Act. _____ Bill Pay Sub. _____ Ext. Trf. Setup _____ CIS# _____