



Netteller/Bill Pay Application

Existing Customer Form

Customer Last Name	
Customer First Name	
Drivers License Number	
Date of Birth	
Home/Cell Phone Number	
E-mail address	

Online Bill Payment? Yes No

Would you be interested in receiving your monthly statement by e-mail? Yes No

Do you have a security code? Yes No

If No, please provide one: _____

AUTHORIZATION & AGREEMENT: Upon application approval, your accounts with Community First Bank will be included in my CFB Online Banking services. I hereby authorize you, Community First Bank, to establish CFB Online Banking to enable me to perform the transactions described in the service agreement. I authorize you to process transactions for me as requested from time to time, and authorize you to post them to my accounts. I authorize you to make any automatic recurring payments upon my direction. I agree that my first use of CFB Online Banking will signify my acceptance of the other terms of the Online Banking Agreement and Disclosure Statement you will supply, along with instructions for using the services. I agree that account security is controlled by the CFB Online Banking ID assigned by Community First Bank, and the PIN chosen and entered by myself. I will protect the PIN and hold the bank harmless from unauthorized use. Any information downloaded by me becomes my property and responsibility.

The Undersigned agrees to the same terms stated on the above,

Signature _____

Date _____

For Bank Use:

CFB Online Banking ID: _____

Received by: _____

Entered by: _____