

**STATE BANK OF SPRING HILL, KANSAS
ONLINE BANKING/ BILL PAY ENROLLMENT FORM**

Name: _____

Business Name: _____

Mailing Address: _____

City/State: _____ Zip _____

Home #: _____ Work #: _____ Fax #: _____

E-mail Address: _____

Accounts you would like to view: _____

APPLICANT'S SECURITY INFORMATION:

Social Security # or Tax ID# _____ Date of Birth: _____

Mother's Maiden Name: _____

_____ ***yes, I want to activate Online Bill Pay for only \$5.00 per month. I want to make Bill Pay through checking account number _____.**

*Online Bill Pay Service is \$5.00 per month for up to and including 15 items per month. Each item over 15 is \$.50 per item. This fee is only assessed in the months that the Bill Pay Service is used.

____ I am already enrolled in State Bank of Spring Hill, Kansas Internet Banking Service and want to add Online Bill Pay Service. Please check if this applies and there is no need to fill out the rest of the form – just sign at the bottom and mail or return to bank.

I have read and understand the State Bank of Spring Hill's, Kansas Internet Banking Agreement dated July 2005, I am at least 18 years of age and agree to the terms:

Signature

Date

**Please mail or deliver completed form to:
(INTERNAL USE ONLY)**

**STATE BANK OF SPRING HILL
POX 387, SPRING HILL, KS. 66083**

RECD BY _____

INPUT BY _____

MEMBER FDIC