

AMERICAN HERITAGE BANK BILL PAY APPLICATION

NAME / BUSINESS NAME _____

SSN / TIN _____

DOB _____

CURRENT MAILING ADDRESS (STREET, CITY, STATE, ZIP) _____

HOME PHONE _____

WORK PHONE _____

CELL PHONE _____

E-MAIL ADDRESS _____

BILL PAYER

Internet Banking with Bill Payer (\$5.95/month) *Free when you sign up for e-statements.

***An inactivity fee of \$10.00 will be assessed to the inactive account monthly after any 90 consecutive days of inactivity.

Please list the account number(s) below in which you would like to add Bill Payer capability. Please note: Only checking accounts are eligible.

Bill Payer Account Number(s) _____

SERVICE AGREEMENT

By signing below, 1) I/We will be bound by the Terms and Conditions of American Heritage Bank's Depository Agreement, which American Heritage Bank may amend from time to time. 2) I/We understand that the PIN can be used to withdraw funds from the account(s) and that I must safeguard this code. I/We authorize American Heritage Bank and its agents to follow any instructions transmitted by the use of this code, and I/we agree to be bound thereby. 3) I/We authorize American Heritage Bank to disclose information about my checking account to third parties (including Payees) in order to complete transactions using Internet Banking. I/we also authorize my Payees to disclose to American Heritage Bank and its agents information regarding my/our account(s) with such Payees in order to complete transactions using Internet Banking, including resolving questions regarding such transactions.

CUSTOMER SIGNATURE _____

DATE _____

Mail completed application to: American Heritage Bank, P.O. Box 1408 Sapulpa, OK 74067-1408

Internal Use

CSR _____ Date _____

COMPLETED BY _____ Date _____

ID NUMBER _____ Date Letter Mailed _____

ALL LOCATIONS - SEND TO CENTRAL FILE