

AMERICAN HERITAGE BANK BILL PAY APPLICATION

SERVICE REQUESTED

Bill Pay (inactivity fees apply*)

Internet Banking ID:

ACCOUNT HOLDER INFORMATION

Name/Business Name

Current Mailing Address

City State Zip

Social Security Number /Tax ID Number

Date of Birth (N/A for business customers)

Mother's Maiden Name

Daytime Phone Number

Evening Phone Number

Cell Phone Number

E-Mail Address No E-Mail Address

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 understand that the PIN can be used to withdraw funds from the account(s) and that I must safeguard this code. I authorize American Heritage Bank and its agents to follow any instructions transmitted by the use of this code, and I agree to be bound thereby.(3) I 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 also authorize my Payees to disclose to American Heritage Bank and its agents information regarding my account(s) with such Payees in order to complete transactions using Internet banking, including to resolve questions regarding such transactions.

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

Account Holder Signature

Date:

Co-Account Holder Signature

Date:

Forward to Central File

Customer Service Rep _____ verified/setup _____ ID# _____

ACCOUNTS DESIGNATED FOR INTERNET ACCESS

Please Write the number of each account that you are a signer on and would like to be able to access through Internet Banking. You may also add a descriptive name for your personal use. We will not pass any account numbers over the Internet, nor will any of our employees ask you for your account number over the Internet.

BILL PAYER

Please list the account numbers below you would like bill payer capability added to. **please note:** only personal checking accounts are eligible.

Bill Payer- Account Number/Description:

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