

Online Banking Application NetTeller



Date: _____

E-mail Address: _____

Applicant:

(Name)

(Address)

(City) (State) (Zip Code)

(Phone)

I wish to have access to the bill payment feature **Y / N**. (circle one) (Yes will be assumed if not completed.)

Accessible Account(s)* (List all accounts to be accessed using online banking.)

**Your User ID and password will be mailed to you.
Bring this application into our banking location, fax or mail it to:**

FAX: 816-858-2851
Wells Bank
P.O. Box 380
Platte City, MO 64079

*It is acknowledged that every "Accessible Account" identified on this form will be accessible to each applicant, without restriction, whether or not the applicant is an owner or authorized signer on the account contact. In consideration for being provided with online banking access, each applicant agrees to release Wells Bank from liability for any online banking transaction performed by an applicant on an account identified herein.

Before using Online Banking, users must first agree to the *Wells Bank Online Banking Service Agreement and Disclosure Statement* which is displayed when first logging-on to Net Teller.

(Applicant)

(Co-applicant)

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Date Received: _____
Received by: _____
Processed by: _____

=====
User ID: _____
ID/Password Mailed _____