Exchange State Bank
Non-Personal **eTeller** Enrollment Application

To provide you with eTeller access please provide us with the following information:

Business Name _____ Tax Identification Number _____

Address _____ City _____ State ____ Zip Code_____

Phone _____ Cell _____ E-mail _____

Once accepted we will notify you by U.S. mail when we have activated your eTeller privileges. We will assign you a temporary password. The first time you log on to eTeller you will be prompted to provide an alphanumeric password.

_____	_____	_____
Signature of Authorized Signer	Title/Position	Date
_____	_____	_____
Signature of Authorized Signer	Title/Position	Date

☐ **eTeller** ☐ **Bill Pay** ☐ **E-mail Statements**

Bill Pay Enrollment Application

I/We have read the terms outlined in the Online Agreement and Electronic Funds Transfer Act Disclosure. I/We authorize Exchange State Bank to post payment transactions generated by ESB Bill Pay service to my account. If at any time I/We decide to discontinue using Bill Pay, I/We will provide written notification.

I/We understand that payment may take up to 10 business days to reach the vendor and that payments will be sent either electronically or by check. Exchange State Bank is not liable for any service fees or late charges levied against me/us.

_____	_____	_____
Signature of Authorized Signer	Title/Position	Date
_____	_____	_____
Signature of Authorized Signer	Title/Position	Date

Bank Use Only

CIF # _____ Completed By _____

User ID # _____ Date Form Received _____

Initial PIN _____ Date Processed _____

Account # _____ Account # _____

Account # _____ Account # _____

Account # _____ Account # _____