

The Lenox National Bank
NetTeller Online Banking Application

Customer Name: _____ SSN: _____

Address: _____ Phone: _____ - _____ - _____

City: _____ State: _____ Zip: _____

Email Address: _____

Please List Any Accounts you would like to have linked to your Online Banking Account.

Checking #1. _____ Savings #1. _____

Checking #2. _____ Savings #2. _____

Checking #3. _____ Savings #3. _____

Checking #4. _____ Savings #4. _____

Certificates of Deposit : _____ , _____ , _____ , _____ , _____ , _____

Loans: _____ , _____ , _____ , _____

Would You Like to Have the Bill Pay Service Available on Your Online Banking Account?

YES _____ NO _____

I have received The Lenox National Bank's *Online Banking User Agreement*, and agree to all terms outlined therein. The Lenox National Bank reserves all rights to revoke access to the Online Banking Service and Bill Pay at any time.

Signed: _____ Date: _____

For Bank Use Only:

NetTeller User I.D. Account : _____ Password/Pin : _____

Created By : _____ Date : _____