

Adding Bill Payment to an Existing Online Banking Account

Please complete this form and have all account signers sign it. Then mail the form to:

First National Bank
Attn: Online Banking Manager
40 South State Street
Newtown, PA 18940

Full Name: _____ Date: _____

Home Phone: _____ Bus Phone: _____

Existing Login ID: _____ Checking Account for Monthly Fee: _____

Initial one (1) below:

Personal Bill Payment

I have not previously enrolled in Personal Bill Payer, but wish to begin using it at this time. If my checking option is the **PREMIUM or INTEREST PLUS**, this service is free as long as my account remains open. This service covers an unlimited number of bill payments. **All other consumer checking options will be charged \$5.00** for each month that you use the service and no charge for months the service is not used. After the initial FREE two month period, your primary account will be charged the \$5.00 monthly fee on the 1st business day of the following month.

Business Bill Payment

I have not previously enrolled in Business Bill Payer, but wish to begin using it at this time. The primary account will be charged a \$10.00 fee which covers the first 25 bill payments. There is a 50¢ charge for each additional payment. This fee will be assessed on the 1st business day of the following month. There will be no charge for months during which the service is not used.

I authorize First National Bank of Newtown to implement the changes indicated above. FNB is not liable for any errors or losses that may result from the unauthorized use of my accounts. I agree to indemnify and hold FNB harmless from any and all claims, liability, damages and losses (including attorney's fees and court costs) arising out of or in connection with the unauthorized use of my accounts.

In order to authorize these changes, signatures of the authorized signers of all accounts must appear below.

Signature: _____ Print Name: _____

Signature: _____ Print Name: _____

Signature: _____ Print Name: _____

Signature: _____ Print Name: _____

Signature: _____ Print Name: _____

Signature: _____ Print Name: _____

For Bank Use Only: Branch: _____ Employee: _____

Port. No.: _____ Date Rec'd: _____ Date Verified: _____ Date Entered: _____