Online Banking Account Change Form

Full Name:_____ Date:_____

Home Phone:_____ Bus Phone:_____ Login ID_____

Please indicate the desired changes to your Internet account list. In the first column, indicate whether the account is to be added, changed, or deleted. In the second column, list the account number. In the third column, list the account description, and in the fourth column, circle the desired access type. The first listed account, marked (P), is the account that will be charged a monthly fee when you use the Bill Payment Service (this must be a Checking account).

[***View*** = view only, ***Deposit*** = deposit only, ***View & Deposit*** = view &deposit, ***Full*** = view, deposit, & withdraw]

A=add D=delete C=change	Account Number	Account Description	Access Type
			View Deposit View & Deposit Full
			View Deposit View & Deposit Full
			View Deposit View & Deposit Full
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_____**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.

_____**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 no longer wish to use Bill Payer. Please disconnect this service from my Online Banking account. By deleting this service I am aware that I will loose all history associated with the bill pay service.**

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 listed 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:_____