



**Billpay Application**

**Fax# (740) 922-6376**

Name: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

Spouse: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Drivers License # \_\_\_\_\_ Spouse Drivers License # \_\_\_\_\_

Checking Account # \_\_\_\_\_

I authorize The First National Bank of Dennison to withdrawal funds from the checking account indicated on this application when I have generated payment transactions by personal computer through the FNB Home Banking Bill Pay Service. I understand that I am in full control of my account.

If at any time I decide to discontinue service, I will provide written notification to The First National Bank of Dennison. My use of FNB Home Banking Bill Pay signifies that I have read and accepted all of the terms and conditions of FNB Home Banking Bill Pay.

**I understand that payments may take up to 10 days if by check and up to 4 days if by electronic payment, to reach the vendor. The First National Bank of Dennison is not liable for any service fees or late charges levied against me. I also understand that I am responsible for any loss or penalty that I may incur due to a lack of sufficient funds or other conditions that may prevent the withdrawal of funds from my account.**

I (we) authorize The First National Bank of Dennison to make inquiries or any credit investigation in reference to my (our) character or credit habits. The Ohio law against discrimination requires that all creditors make credit equally available to all credit-worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

**Billpay is Free (first 10 payments) \$.42 per bill after 10 payments  
\$34.00 Insufficient Funds - \$5.00 Canceled Check Copy - \$20.00 Stop Payments**

\* \_\_\_\_\_ \* \_\_\_\_\_ Date: \_\_\_\_\_  
Signature (1) Signature (2)

Financial Institution Use Only \*\*\*\*\*

Internet Banking ID# \_\_\_\_\_ Plan: \_\_\_\_\_ Input: \_\_\_\_\_ Checked by: \_\_\_\_\_