

Internet Banking Application

Commercial Account



Date: _____

E-mail Address: _____

Account Owner:

Accessible Account(s)

(Account Owning Entity)

Tax ID Number)

(Address)

(City) (State) (Zip Code)

(Phone)

Authorized User capacity / title

User authorized for:
 Acct. Inquiry Bill Pay Transfers Stop Payments

Authorized User capacity / title

User authorized for:
 Acct. Inquiry Bill Pay Transfers Stop Payments

(Authorized Account Owner) (Title)

Bring this application into our banking location, fax or mail it to:

Fax: 816-431-3620
 Wells Bank of Platte City
 P.O. Box 380
 Platte City, MO 64079

Your User ID and password will be mailed to you.

Before using NetTeller Internet Banking, users must first agree to the *Wells Bank Internet Banking Service Agreement and Disclosure Statement* which is displayed when first logging-on to NetTeller.

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Date Received:	_____	User ID:	_____
Received by:	_____	ID/Password Mailed	_____
Processed by:	_____		