

# Internet Banking Application NetTeller



Date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Applicant:

Co-Applicant:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Social Security Number)      (Date of Birth)

\_\_\_\_\_  
(Social Security Number)      (Date of Birth)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)                              (State)              (Zip Code)

\_\_\_\_\_  
(City)                              (State)              (Zip Code)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Phone)

I wish to have access to the bill payment feature **Y / N**. (circle one) (Yes will be assumed if not completed.)

Accessible Account(s)\*      (List all accounts to be accessed using online banking.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your User ID and password will be mailed to you.**

**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

\*It is acknowledged that every "Accessible Account" identified on this form will be accessible to each applicant, without restriction, whether or not the applicant is an owner or authorized signer on the account contact. In consideration for being provided with internet banking access, each applicant agrees to release Wells Bank of Platte City from liability for any internet banking transaction performed by an applicant on an account identified herein.

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 Net Teller.

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Co-applicant)

=====  
Date Received: \_\_\_\_\_

User ID: \_\_\_\_\_

Received by: \_\_\_\_\_

ID/Password Mailed \_\_\_\_\_

Processed by: \_\_\_\_\_