**Exchange State Bank - eTeller Application – Personal**

To provide you with eTeller access please provide us with the following information:

Primary Customer Name Click here to enter text

Social Security Number

Secondary Customer Name

Social Security Number

Phone/Cell Number

Phone/Cell Number

Email Address

Once accepted we will notify you by US Mail when we have activated your eTeller privilege.

[ ]  eTeller

[ ]  Mobile Banking

[ ]  Bill Pay

[ ]  Electronic Statements

[ ]  Remote Deposit (RDA)

**Bill Pay**

I/We have read the terms outlined in the Online Agreement and Electronic Funds Transfer Act Disclosure. I/We authorize Exchange State Bank to post payment transactions generated by ESB Bill Pay service to my account. If at any time I/We decide to discontinue using Bill Pay, I/We will provide written notification.

I/We understand that payment may take up to 10 business days to reach the vendor and that payments will be sent either electronically or by check. Exchange State Bank is not liable for any service fees or late charges levied against me/us.

**Remote Deposit (RDA)**

Account Number Click here to enter text

Account Type [ ]  DDA [ ]  Savings

Account Number

Account Type [ ]  DDA [ ]  Savings

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Primary Customer Signature

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Secondary Customer Signature

**For Bank Use:**

CIF #

User ID # 98780000 \_\_\_\_\_\_\_\_\_\_\_\_\_

Initial PIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received \_\_\_\_\_\_\_\_\_\_\_ Date Processed \_\_\_\_\_\_\_\_

 2017.06