

Electronic Services Application

National Exchange Bank Customer Information					
Last Name (or Account Title)		First Name		Middle Initial	Social Security Number
Driver's License Number		Issue State	Issue Date		Expiration Date
Date of Birth	Mother's Maiden Name		E-Mail Address		
Street Address		City		State	Zip Code
Mobile Phone	Home Phone		Work Phone		Sole Proprietor (*) <input type="checkbox"/> Yes

The undersigned requests all the services indicated below and acknowledges the receipt of, and agreement to, the agreements governing each individual product including but not limited to the [Electronic Services Agreement](#), [Security Schedule](#), [Advanced Login Terms of Use](#), [Electronic Fund Transfer Disclosure](#) and [Account Services Pricing](#). Termination of Exchange Online and Exchange Line services can be made by providing the Bank with written notice within 10 business days prior to the actual discontinuation date. The Bank reserves the right to terminate this service at any time without providing written notice. All requests on this form are subject to verification and approval.

*I attest that I am Sole Proprietor of these accounts and that I request them to be added to my Exchange OnLine Internet Banking Profile:

Account 1 _____ Account 2 _____ Account 3 _____

☒ **Exchange Line**

The undersigned authorizes National Exchange Bank & Trust to provide **transfer** capability between and **access** to information via the telephone on all allowable solely-owned and jointly-held NEBAT accounts. Custodial accounts may be activated upon individual request and Bank approval. (See below.) The undersigned also takes responsibility for any fees incurred by using the product.

☒ **Exchange OnLine**

The undersigned authorizes National Exchange Bank & Trust to provide **transfer** capability between and **access** to information via the Internet on all allowable solely-owned and jointly-held NEBAT accounts. Custodial accounts may be activated upon individual request and Bank approval. (See below.) This activation also includes all privileges and responsibilities associated with Exchange Line, the telephone banking product. The undersigned also takes responsibility for any fees incurred by using the product.

Authorized Signature

Date

Fiduciary Information (POA, Custodian, Guardian, Agent, etc.) – if applicable					
Last Name		First Name		Middle Name	Social Security Number
Driver's License Number		Issue State	Issue Date		Expiration Date
Date of Birth	Mother's Maiden Name		E-Mail Address		
Street Address		City		State	Zip Code
Mobile Phone	Home Phone		Work Phone		Fiduciary Capacity (POA, Custodian, etc.)

As a Fiduciary of the following accounts, I request electronic access to the listed accounts as indicated below.

Should my fiduciary responsibilities over any of these named accounts cease, I agree to notify National Exchange Bank & Trust that my electronic access to these accounts should be removed. In addition, in my fiduciary capacity, I agree to at all times act for the sole benefit and interest of the person to whom I owe my duty, the "principal."

Account 1 _____ Account 2 _____ Account 3 _____

Authorized Fiduciary Signature

Date

Authorized Account Owner Signature (if applicable)

Date

For Bank Use Only (Initial/Date)	Notes: _____				
Ex. Line Act. _____	Ex. Online Act. _____	CIS# _____	Acct# _____	CSR Initials _____	