

# ONLINE BANKING SERVICE APPLICATION

Account Holder:

Financial Institution: Great American Bank  
33050 West 83rd Street  
P.O. Box 429  
DeSoto, KS 66018

## ONLINE BANKING AUTHORIZED USERS

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

SSN: \_\_\_\_\_

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

## ACCOUNT INFORMATION AND INSTRUCTIONS

Account(s) to Access with Online Banking Service:

\_\_\_\_\_

The Online Banking Service may be setup/enabled with the following features:

Transfer Funds Between Eligible Accts.  
Review Transactions on Eligible Accts.  
Stop Payment Requests  
Online Bill Payment  
Obtain Copy of Statement

Obtain Balance Info. on Eligible Accts.  
Make Loan Payments  
Request Withdrawal From Savings Acct.  
Current Transactions Imaged Checks  
Order Checks

Special Instructions or Provisions: \_\_\_\_\_

## AUTHORIZATION

I (the Account Holder(s)) apply for the online banking service to be used in conjunction with the accounts listed above. I understand that this online banking service will be setup (pursuant to my instructions) with the functions, features, and/or additional provisions indicated above and that my use of this service will be subject to the terms and conditions contained in the POWER PAY & BILL PAY. I authorize the Financial Institution to make any investigation of my credit either directly or through any agency. I understand that the Financial Institution will retain this application and any credit information, even if I am not approved for this online banking service. I agree not to use this service in any illegal activity.

ACCOUNT HOLDER:

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

## FOR INSTITUTION USE ONLY

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

By: \_\_\_\_\_

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

By: \_\_\_\_\_

Login Name Assigned to: \_\_\_\_\_

Data Entry Date: \_\_\_\_\_

By: \_\_\_\_\_

NetTeller ID: \_\_\_\_\_

Email Sent with ID #

NetTeller Initial PIN: \_\_\_\_\_

Letter sent with PIN