



Applicant Printed Name _____

NET TELLER “BILL PAY” ENROLLMENT FORM

www.fcncbank.com

I authorize FCN Bank to post payment transactions that I generate by FCN Bank Internet Bill Payment. I understand that I am in full control of my account. If at any time I decide to discontinue this service, I will provide written notification to FCN Bank, 501 Main Street, Brookville, IN 47012, Attn: Internet Banking Department.

My use of FCN Bank Bill Payment signifies that I understand that currently only one (1) checking account may be chosen for bill payment transactions to be withdrawn from and that monthly service charges for bill payments will be taken from the account I choose to do transactions from. I understand that payments will be picked up for processing at 1:00 p.m. Eastern Time, Monday through Friday, excluding Federal Holidays, for processing. I understand that payments may take up to ten (10) business days to reach my selected vendors and that they will be sent either electronically or by check. I agree to schedule bill payments (payment transaction date) at least five (5) business days before the due date, not including any grace period. Business days are Monday through Friday, excluding Federal Holidays. I agree to provide correct payee name, address, and account information and payment account. Payment of taxes or court-directed payments through this service is prohibited. Bill payments can only be made to payees within the United States. I agree to maintain sufficient funds in the billing account on the transaction date requested. A payment may be canceled or modified up until 1:00 p.m. Eastern Time on the business day the payment was entered into the Bill Pay System.

FCN Bank will use reasonable efforts to ensure payments reach creditors on time, but cannot guarantee the time a payment will be posted by a creditor. FCN Bank is not liable for any service charges levied against me by my vendors. I also understand that I am responsible for any loss or penalty that I may incur due to lack of sufficient funds or other conditions that may prevent the withdrawal of funds from my account.

I acknowledge that there will be an insufficient funds fee of \$28.00 per check or a Stop Payment fee of \$25.00 per check. (If applicable)

IN ORDER TO USE FCN BANK ONLINE BILL PAYMENT, YOU MUST BE A CHECKING ACCOUNT CUSTOMER OF FCN BANK.

FCN Bank Online Bill Payment Service Fee

I understand that currently there is no monthly service fee for Bill Pay. If the Bill Pay account is not active within 3 consecutive months, the service will be terminated. FCN Bank will provide a minimum of 30 days advanced notice for any service fee changes.

Please sign me up for the FCN Bank Online Bill Payment product. I have read the above information and understand the rules and conditions of the product. The below indicated account number is the account I wish to do bill payment from and understand that all charges will be automatically taken from this account.

Account # _____

By signing below I agree to the terms and conditions contained in this “FCN Bank Online Bill Pay Enrollment Form”. I acknowledge that I have reviewed the Regulation E Disclosure provided to me when I signed up for Internet Banking / NetTeller.

Applicant Signature

Date

Printed Applicant’s Name

Bank Employee _____ Input Date _____

Termination Date _____ Customer’s Initials _____