



BANK

Grand Bill Pay Application

Grand Bill Pay Customer Information

(This form is for the use of existing Grand Banking Anytime users.)

*Customer Name: _____ *Existing Access ID _____

*Social Security Number: _____ *Date of Birth: _____

*Business Phone: _____ *Business Fax: _____

*Primary Contact E-mail Address: _____

*Account Number: _____ Checking Savings

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By signing my name or initials in the space provided following this paragraph, I hereby give permission to receive future disclosures and notification of changes to the terms and conditions via my email address noted above. I acknowledge that such disclosures and notifications may also be sent to the mailing address shown on the record of Grand Bank.

Authorized Signature: _____

By signing below, I hereby make application for Online Banking Bill Payment Service. I agree to comply with Online Banking Bill Payment Service Terms and Conditions Disclosure, which I agree govern my account. I agree to all terms and conditions provided herein, which may be changed from time to time by the Bank in the manner provided herein, if applicable. My use of Online Banking Bill Payment Service if applicable signifies that I have read and accepted all the terms and conditions of the service including those referenced above and that I have received a copy of the Grand Bank Account Deposit Agreement Terms and Conditions.

*Authorized Signature: _____ Date: _____

*Authorized Signature: _____ Date: _____