TEXAS BANK AND TRUST COMPANY – ONLINE BANKING
REQUEST FOR CHANGE FORM

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
DAY PHONE: _____ EVENING PHONE: _____
EMAIL ADDRESS: _____

TB&T web site is located @ www.texasbankandtrust.com

ACCOUNT NUMBER	ADD 'A' OR DELETE 'D'	TYPE OF ACCOUNT (i.e., checking, savings, time deposit, loan)	INTERNET DESCRIPTION (Pseudo Name ex. "Mary's Checking Account", maximum of 20 characters)	ACCESS LEVEL*

*You may elect to have Full Access (FA), which allows you to make transfers from your account to other authorized TB&T accounts or View only (VO), which allows you to view all of your account information online without the transfer capability.

_____ **Bill Payer Service** – Check One: ☐ **ADD** or ☐**DELETE**

There is an Electronic List of vendors on the Internet Set-up Payee Menu to whom you can make electronic payments. The payments must be ordered three (3) business days prior to the due date. You may also make payments to vendors that are not on the Electronic List, and the system will process the payment and issue a check to the vendor. The check will be sent to the vendor and the funds will not be disbursed out of your account until the vendor presents the check for payment. The payments must be ordered 5-7 business days prior to the due date. There is a minimum monthly fee of $1.00** for the Bill Payer Service, which includes three free transactions. Transactions in excess of the initial three will be charged at a rate of $.35 per transaction. Please initial above if you desire this service. All Standard bank charges for Texas Bank and Trust Company services apply.
**(Different Bill Pay fees apply to Commercial accounts, inquire within.)

I am an authorized account holder of the above accounts and hereby authorize Texas Bank and Trust Company to set up the above referenced account(s) on Online Banking. **I agree that I have full responsibility for the confidentiality of my PASSWORD and Texas Bank and Trust Company is not responsible for transactions or information resulting from the use of the PASSWORD.**

_____ _____
Date Customer Signature

For Bank Use Only:
****CIF Number (required to process application) _____**
****NetTeller ID: _____**

Employee initials _____
(3 initials required)
Signature verified _____ Date verified _____
(Employee's initials)