

**The Neffs National Bank**  
**Business / Organization NetTeller® Online Banking Application**

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**Business / Organization Information** (All fields are required)

New Application

Revised Application (Current NetTeller # \_\_\_\_\_)

Name of Business / Organization:

Address:

City: State: Zip:

  

EIN:

Phone # for Business / Organization:

Business's Primary E-Mail Address:

**Authorized Signer(s) / User(s):**

Name / Primary Contact: Email Address:

Social Security # Date of Birth Phone #

  

Name / Second Contact: Email Address:

Social Security # Date of Birth Phone #

  

Name / Third Contact: Email Address:

Social Security # Date of Birth Phone #

  

Name / Fourth Contact: Email Address:

Social Security # Date of Birth Phone #

  

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Account Information (Please complete a separate sheet for additional accounts.)

Account Type  
List accounts you wish  
to access on NetTeller®

Account Number  
List Corresponding  
Account Numbers

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List accounts you wish  
to access on NetTeller®

Account Number  
List Corresponding  
Account Numbers

  
  
  
  

**Requested Cash Management Modules (Monthly fees apply):**

ACH Origination\*

RDC/mRDC\*

Wire Input

\*Additional application(s) required

By signing below, the undersigned acknowledges monthly statements will no longer be mailed, rather they will be accessible as electronic copies through the secure NetTeller® portal.

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

**MAIL, FAX, OR DROP-OFF COMPLETED FORM TO:** The Neffs National Bank  
Attn: Electronic Banking  
5629 Route 876, P.O. Box 10  
Neffs, PA 18065-0010

**Fax: 610-767-1890**  
**Phone: 610-767-3875**