

Moody Online Bill Pay Setup Form

www.moodybank.com

PERSONAL INFORMATION

Mr./ Mrs. / Ms. / Dr./ Other:	NAME		SOCIAL SECURITY NUMBER
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE #	DAY:	EVENING:	
TELEPHONE #	DAY:	EVENING:	
ACCOUNT NUMBER WITH FINANCIAL INSTITUTION		CIF Number	

FINANCIAL INSTITUTION USE ONLY			
<input type="checkbox"/> Plan I	<input type="checkbox"/> Plan II	<input type="checkbox"/> Plan III	<input type="checkbox"/> Plan IV <input type="checkbox"/> Plan V

<input type="checkbox"/> Personal Internet Bill Paying - FREE	<input type="checkbox"/> Commercial Internet Bill Paying - I choose to pay my bills for my business for a monthly charge of \$25.00 for unlimited transactions.
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AUTHORIZATION

PLEASE READ AND SIGN TO BEGIN USING THE SERVICE:

I AUTHORIZE my financial institution to post payment transactions generated by PC from the Bill Paying Service to the account indicated. I understand that I am in full control of my account. If at any time I decide to discontinue service, I will provide written notification to my financial institution. My use of the Bill Paying Service signifies that I have read and accepted all the terms and conditions of the Bill Paying Service.

I UNDERSTAND that payments may take up to 10 days to reach the vendor and that they will be sent either electronically or by check. My financial institution is not liable for any service fees or late charges levied against me. I also understand that I am responsible for any loss or penalty that I may incur due to a lack of sufficient funds (NSF fee \$ _____) or other conditions that may prevent the withdrawal of funds from my account.

Signature: We must have your signature on this form to process this information. If the information requested is not provided, the application can not be processed.

SIGNATURE

DATE

PLEASE RETURN THE APPLICATION FORM TO YOUR FINANCIAL INSTITUTION