

**INSTRUCTIONS:**

For use in the U.S. only. Complete all necessary information and then print. Remember to sign the form and send it along with a **voided** check to: **On-Line Services, P.O. Box 3128, Lisle, IL 60532-3128.**

**1 APPLICANT'S PERSONAL INFORMATION:** (please print)

NAME: \_\_\_\_\_  
SOC. SEC. #: \_\_\_\_\_  
(If business please give TIN #): \_\_\_\_\_  
DATE OF BIRTH (month / day / year): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP CODE: \_\_\_\_\_  
MOTHER'S MAIDEN NAME (for security): \_\_\_\_\_

**2 CO-APPLICANT'S PERSONAL INFORMATION:** (fill in only if joint bank accounts)

NAME: \_\_\_\_\_  
SOC. SEC. #: \_\_\_\_\_  
DATE OF BIRTH (month / day / year): \_\_\_\_\_  
MOTHER'S MAIDEN NAME (for security): \_\_\_\_\_

**3 COMMUNICATIONS INFORMATION:** (please print)

Please supply us with your home and/or office phone number for our records and the modem speeds for each modem you will use with On-Line Services. You will receive a start-up kit with a local phone number to call when using your modem.

HOME PHONE (include area code): \_\_\_\_\_  
MODEM SPEED (please choose one typing an "X"): \_\_\_ 1200 bps \_\_\_ 2400 bps \_\_\_ 9600 bps \_\_\_ 14400 bps  
OFFICE PHONE (include area code): \_\_\_\_\_  
MODEM SPEED (please choose one typing an "X"): \_\_\_ 1200 bps \_\_\_ 2400 bps \_\_\_ 9600 bps \_\_\_ 14400 bps

**4 ON-LINE SERVICES INFORMATION:** (please mark each service you want to join with an "X" )

**Pay On-Line:** Enclose a voided check from each checking account Pay On-Line will be using.

**Bank On-Line:** Bank Name: \_\_\_\_\_  
List the account type and number of each account (for example, "Checking 123 456 7890"):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Quotes On-Line:**

**Write "Billing Account" on the voided check from which you want service charges deducted.**

**5 AUTHORIZATION AND AGREEMENT:**

I hereby authorize you -- National Payment Clearinghouse Inc. and my bank -- to establish a Pay On-Line and/or Bank On-Line and/or Quotes On-Line account to enable me to perform the transactions described in the software package. I authorize you to process transactions for me as requested from time to time, and authorize my bank to post them to my accounts. I further authorize you to debit my checking account the appropriate monthly fee for the services requested above. I understand that my account will be debited monthly until I cancel the service. I agree that my first use of the On-Line Services will signify my acceptance of the other terms of the service agreement you will supply with my instructions for using the services.

**Signatures** (applicant and co-applicant, please sign and date):

\_\_\_\_\_  
Applicant Date

\_\_\_\_\_  
Co-Applicant Date