

# Pay On-Line Application for Bob Checkbook

## INSTRUCTIONS:

- 1) Write the word "**VOID**" in large letters across a blank check from each checking account you want to use with Pay On-Line. (If you'll be using Pay On-Line with more than one checking account, write "**Billing Account**" on the one from which you want the Pay On-Line service charges deducted.)
- 2) Fill out this application, sign it, and mail it along with the voided checks to:  
**On-Line Services,  
P.O. Box 3128,  
Lisle, IL 60532-3128**

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

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

SOC. SEC. #: \_\_\_\_\_

DATE OF BIRTH (month / day / year): \_\_\_\_\_

MOTHER'S MAIDEN NAME (for security): \_\_\_\_\_

## 2 CO-APPLICANT'S PERSONAL INFORMATION: (fill in only if using 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 phone number for our records and the modem speeds for each modem you will use with Pay On-Line. 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 with an "X"):    \_\_\_ 1200 bps    \_\_\_ 2400 bps    \_\_\_ 9600 bps    \_\_\_ 14400 bps

## 4 AUTHORIZATION AND AGREEMENT:

I hereby authorize you -- National Payment Clearinghouse Inc. and my bank -- to establish a Pay 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 Pay On-Line service will signify my acceptance of the other terms of the service agreement you will supply with my instructions for using the service.

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

\_\_\_\_\_

Applicant

Date

\_\_\_\_\_

Date

Co-Applicant

*For use in the U.S. only.*