

**Frontier Bank**  
**Personal Accounts - Online Banking Enrollment Form**

**Frontier NetTeller and/or Frontier NetTeller with Power Pay**

Note: If you're already enrolled for Frontier NetTeller and now wish to add Power Pay, simply complete this same form.

Please PRINT all information below.

**SECTION 1 – Customer Information**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ (mm/dd/yy) Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License # \_\_\_\_\_ Expiration \_\_\_/\_\_\_/\_\_\_ State \_\_\_\_\_

Physical Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Single Word to be used for Customer Verification \_\_\_\_\_

**SECTION 2 – Type of Online Banking Service Requested**

**What Type of Online Banking Service Are You Requesting?** Please check one:

- ( ) Frontier NetTeller
  
- ( ) Frontier NetTeller with Power Pay

**SECTION 3 – Frontier NetTeller with Power Pay**

**Online Bill Payment Option**

Enjoy the convenience of banking online with Power Pay. (See Pricing for additional details.)

**Note:** Online bill payment is not required for enrollment in Frontier NetTeller.

- ( ) Please include Power Pay as part of my first-time enrollment in Frontier NetTeller.
- ( ) Please add Power Pay to my existing Frontier NetTeller Online Banking service.
- ( ) No, I am not interested Power Pay at this time.

**SECTION 4 – Account Information**

**Frontier Power Pay Service Charge Information**

Regardless of the number of accounts set up for Frontier Power Pay, you will be charged only one service charge each month. The service charge will be debited from your account that has the lowest account number, unless you notify us otherwise.

**Account Access via Frontier NetTeller and/or Frontier NetTeller with Power Pay**

List the Frontier Bank accounts that you wish access to via Frontier NetTeller below:

Account type: \_\_\_\_\_ Account # : \_\_\_\_\_

Account type: \_\_\_\_\_ Account # : \_\_\_\_\_

Account type: \_\_\_\_\_ Account # : \_\_\_\_\_

Account type: \_\_\_\_\_ Account # : \_\_\_\_\_

Account type: \_\_\_\_\_ Account # : \_\_\_\_\_

**SECTION 5 - Signature**

**Signature**

I request that Frontier Bank issue me a validated Access Identification Number (Access ID) that, when used with my temporary PIN, which consists of the last four (4) digits of my social security number, will give me initial online access requiring me to change my temporary PIN and providing me the option to change my Access ID. After completing this task, I will have access to all accounts owned by me listed above, plus any new accounts opened in the future and added to NetTeller at my request. All instructions delivered by online access will be deemed to be my written authorization to charge or credit my accounts for transactions indicated and such transactions are subject to the terms and conditions set forth in the Frontier Bank Online Banking Agreement, Web Site Agreement, and Security Statement governing Frontier NetTeller and/or Frontier NetTeller with Power Pay. All account transactions are also subject to Frontier Bank's disclosure rules and Deposit Account Agreements for Personal Accounts. I agree that Frontier Bank may deliver any and all disclosures required by law to be made to me electronically. I will immediately notify the bank if the confidentiality of my PIN is compromised.

Date \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ Authorized Signature \_\_\_\_\_

**SECTION 6 - Agreement**

This will confirm that I have and/or will read, receive, and agree to be bound by the terms and conditions of the Online Banking Enrollment Form, Online Banking Agreement, Web Site Agreement, and Security Statement. I have downloaded, copied, or received a paper form for all of the above applicable documents for my records.

Date \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ Agreement Signature \_\_\_\_\_

**We recommend that you SAVE this document for future reference.**

**Send completed enrollment form to any Frontier Bank branch location or mail to:  
Frontier Bank  
Attention Online Banking  
P.O. Box 630  
Sylacauga, Alabama 35150**



**For questions contact Online Banking at 1.866.216.0948**

Revised 04/27/2009

**FOR BANK USE ONLY:** Date \_\_\_\_\_ CSR Initials \_\_\_\_\_ Branch \_\_\_\_\_  
Dep Ops Initials \_\_\_\_\_ Date \_\_\_\_\_ Operator Initials \_\_\_\_\_ Date \_\_\_\_\_