



BILL PAYMENT SERVICE ACTIVATION FORM
Personal Accounts

I am a customer of The First National Bank and Trust Company of Broken Arrow ("Bank") and have previously enrolled for the On-line Banking Services offered by the Bank by submitting a completed First Time Login Form. I now desire to have access to the Bill Payment Service offered by the Bank through the On-line Banking Services.

I hereby acknowledge that I have read the "**Bill Payment Questions**" section of the "Frequently Asked Questions" posted on the Bank's website which fully describes the Bill Payment Service, its operations and procedures and its monthly cost which are offered by the Bank as part of the On-line Banking Services.

I hereby agree that my use of the Bill Payment Services, once activated by the Bank, will be governed by and in accordance with the **Terms and Conditions** of the On-line Banking Services, as may be amended from time to time, and which shall be deemed to include the information set forth in the "**Bill Payment Questions**".

As evidenced by my signature below, I hereby request the Bank to activate the Bill Payment Service for my use and agree to be bound by the foregoing.

Signature: _____

Print Name: _____

Checking Account #: _____

Date: _____

For Bank Use Only:

Caller Record # _____

Activated By: _____

Date: _____