



## Synergy Bank Bill Pay Enrollment Form

Name : \_\_\_\_\_

Social Security Number : \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Physical Address if different from mailing address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

**Synergy Bank Account Number – Please indicate the checking account number you wish to use to debit your bill payments. You must be an authorized signer on the account.**

Internet Banking Login ID: \_\_\_\_\_

*By signing below, you are applying for Synergy Bank's Bill Pay service, acknowledging receipt of the terms and conditions of this agreement and disclosure statement to which you agree to be bound: and you are certifying that all information provided is accurate. By signing this enrollment form, I am voluntarily contracting with the Bill Pay service to act as my agent, to include electronic remittance and origination provisions to any merchant with which I enroll.*

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

***\_\_\_\_\_ (Please initial) I acknowledge receipt of the "Bill Pay Agreement/Disclosure" and "Electronic Fund Transfers Your Rights and Responsibilities."***

### For Synergy Bank Use Only

|               |   |       |
|---------------|---|-------|
| Assigned by:  | <input type="checkbox"/> Added to Bancpac | Date: |
| Verified by:  |   | Date: |
| Completed by: |   | Date: |