

St. Johns Bank Business OnLine Banking Enrollment Application

Revision Date:
03/01/2007

To apply for NetConnect OnLine Banking and/or Bill Payment, please complete, print, sign, and mail this application to 8924 St. Charles Rock Road, St. Louis, Missouri 63114. You may also deliver this application in person at any St. Johns Bank branch location. Your NetConnect ID will be mailed to the address you indicate below and your password will be emailed to the address you specified below. If you have questions about NetConnect, please contact us at (314) 428-1059, extension 3025. A representative will be available Monday through Friday 8:30 a.m. to 5:00 p.m. CST, and on Saturday 9:00 a.m. to noon CST.

Business Name: _____ EIN/SSN: _____

Address: _____ Business Phone: _____

_____ Alternate Phone: _____

E-mail Address: _____ Business Fax: _____

NetConnect Business OnLine Banking Fees

NetConnect Business OnLine Banking is free of charge. NetConnect Business OnLine Banking with Bill Payment Service is \$5.95 per month plus \$.50 per Bill Payment. Any fees will be assessed per monthly statement cycle. Please designate the checking account to be charged for these fees. If you do not designate an account, your lowest numbered checking account will be charged.

Enroll my business for NetConnect Business OnLine Banking only. There is no charge for this service.

Enroll my business for NetConnect OnLine Banking with Bill Pay at a monthly fee of \$5.95 per statement cycle and \$.50 per item. Charge my checking account number: _____

By signing below, I hereby:

1. Agree that I have received the NetConnect OnLine Banking Agreement and Disclosure.
2. Agree to abide by all the terms and conditions outlined in the NetConnect Online Banking Agreement and Disclosure and this NetConnect Business OnLine Banking Application.
3. Agree to receipt of the NetConnect OnLine Banking Agreement and Disclosure and to other OnLine Banking disclosures in electronic form.
4. Agree that when I sign up for NetConnect OnLine Banking, I will have one Login ID and Password for all authorized signors. If I choose to share this with authorized signors on my accounts, they will be able to perform all OnLine Banking and Bill Payment functions, if applicable.
5. Agree to accept the fees described in the NetConnect OnLine Banking Agreement and Disclosure and the NetConnect Business OnLine Banking Application.

Signature of Authorized Accountholder and Title Date

Signature of Authorized Accountholder and Title Date

BRANCH USE ONLY

Branch: _____ Employee: _____

Date: _____

Forward completed / signed application to Call Center.

CALL CENTER USE ONLY

Processed by: _____ Date: _____

Verified by: _____ Date: _____