GRAND VALLEY BANK
INTERNET
BILL PAYMENT APPLICATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	MOTHER'S MAIDEN
STREET ADDRESS	P. O. BOX	CITY	STATE ZIP
SOCIAL SECURITY #	HOME PHONE #	WORK PHONE #	CELL OR PAGER #
LAST NAME	FIRST NAME	MIDDLE INITIAL	MOTHER'S MAIDEN
STREET ADDRESS	P. O. BOX	CITY	STATE ZIP
SOCIAL SECURITY #	HOME PHONE #	WORK PHONE #	CELL OR PAGER #

FOR COMMERCIAL ACCOUNTS

BUSINESS NAME	
BUSINESS ADDRESS	
BUSINESS PHONE	
EMPLOYER TAX ID#	

	BANK USE ONLY		
PLAN EM	EMPLOYEE	PLAN BS	BUSINESS
PLAN SS	STAR/SENIOR		
PLAN RG	REGULAR		

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the information provided is true and correct. I authorize Grand Valley Bank to review my credit history and verify any information included on this application. The use of Bill Payment is governed by the printed terms and conditions of the NETTELLER INTERNET BANKING RULES & DISCLOSURES and such other terms and conditions or amendments thereto, as may be established by Grand Valley Bank and communicated to me in writing. By signing below I acknowledge that I have read and understand the NETTELLER INTERNET BANKING RULES & DISCLOSURES.

SIGNATURE DATE SIGNATURE DATE