

**Commonwealth Bank  
Internet Banker Bill Pay Enrollment Form**

To apply for Bill Pay services, please complete the form below. Once completed, sign it and return the form to us by US mail at the address below, fax it to the number indicated, or drop it off at any conveniently located office of Commonwealth Bank. Please allow 3 to 5 business days for the processing of your application. Once your application has been processed, you will see a button that says "Pay Bills" on your menu the next time you log in to the Online Banking service. Thank you for using Commonwealth Bank's Online Banking service.

**CUSTOMER INFORMATION**

Name: (First, Middle Initial, Last)

SSN:

Today's Date

Address:

City, State

Zip

Home Phone:

Daytime Phone:

Date of Birth

Email address:

**ACCOUNT INFORMATION**

Please indicate the account from which you would like to pay bills.

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

**SIGNATURES**

Signatures: By signing below and gaining access to Commonwealth Bank's Internet Bill Pay System, I agree to comply with and be bound by the terms of this document and Online Access Agreement. I understand that I will be responsible for maintaining security of my password to access my accounts and that I will change this password periodically.

Signature

Date

Once completed, you may mail or drop off your completed enrollment form. Below is our mailing address and fax number.

Commonwealth Bank  
Attn: Online Banking Department  
35 South Bank Street  
Mt. Sterling, KY 40353  
859-497-2005

Internal Use Only:

Enrollment form processed by: \_\_\_\_\_

Date processed: \_\_\_\_\_