## eBanking Department



## **CUSTOMER INFORMATION**

Name:	
CIF:	
NetTeller ID:	
Email Address:	

## ACCOUNTS TO ADD

Account:	Туре:	
Account:	Туре:	
Account:	Туре:	
Account:	Туре:	

## **CUSTOMER AGREEMENT**

By signing below, (1) I agree to receive bank disclosures and updates electronically when appropriate, (2) I acknowledge and have read				
the Internet Banking Agreement and Electronic Funds Disclosure Statement, including the optional Bill Payment Service Terms, and				
agree to the terms stated, and (3) I certify that the information provided is true and correct.				
Signature:		Date:		

BANK USE ONLY				
Employee:	Date:			
Maintenance By:	Date:			

Please return this application by dropping it off at your nearest Commercial Bank branch, faxing to (731) 419-4274, or by mailing to: Commercial Bank & Trust Company

Attn: eBanking Department PO Box 370 Union City, TN 38281