



# CentralNET Additional Services Request Form

Required information for all Additional Service requested:

Name \_\_\_\_\_ User ID \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Business Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number of primary account holder \_\_\_\_\_ E-mail Address \_\_\_\_\_

Please add the following Service(s) to my CentralNET Consumer access:

**CentralNET Bill Payment Service**

I understand that the current monthly fee for unlimited bill payments is \$5.00 and that the fee will be deducted from my Primary Bill Payment Funding Account Number designated below, within the five business days after the first of each month.

Primary Bill Payment Funding Account Number \_\_\_\_\_

(All Bill Payment funding accounts must be checking or interest checking products. Once your CentralNET Bill Payment Service has been activated, you will be able to designate additional checking and interest checking accounts as Bill Payment Funding accounts within your CentralNET Account Preferences and Bill Payment options)

**Transfer Relationships**

Transfers from:

Transfers to:

Transfer both ways

Add Account Access

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\* Debit card activity is viewed within deposit account activity.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Transfers are not allowed **from** a minor account or **to or from** Credit Cards, Equity Lines or Certificate of Deposits. For Credit Card and Equity Line set up and payment options, complete the next section.

**Central Bank Credit Card** Viewing and Payment for the following Credit Card(s) and /or Gold Equity Line(s)

\_\_\_\_\_

If you have a deposit account with Central Bank you will have a new Credit Card Payment button to make payments to your Credit Card or Equity Line, once your request for your Credit Card and/or Equity Line has been processed.

**I agree to all terms and conditions related to the use of CentralNET Bill Payment Service and CentralNET, as stated in the CentralNET Consumer RULES AND REGULATIONS.**

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

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

**(A signature of an Authorized Signer is REQUIRED for every requested transfer account(s), Central Bank Credit Card and/or Gold Equity Line and the Bill Payment Funding Account.)**

\*\*\* Please return this form to:

CentralNET Client Services  
Central Bank  
P.O. Box 1360  
Lexington, KY 40588-1360

or deliver to any Banking Center  
or fax to CentralNET Client Services at Fax: 859-253-6323