

# Farmers & Merchants Bank

## Bill Payment Enrollment Form

Please print out, complete, sign and then mail or bring in to any Farmers & Merchants Bank Location  
(a signature is required for Bill Payment Service)

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### Personal Information

First Name	<input type="text"/>
M.I.	<input type="text"/>
Last Name	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>
Telephone # (Daytime)	<input type="text"/>
Telephone # (Evening)	<input type="text"/>
Email Address	<input type="text"/>
Birthdate	<input type="text"/>
SS#	<input type="text"/>
Mother's Maiden Name	<input type="text"/>
Primary Checking Account	<input type="text"/>

Note: All authorized signers must sign below to activate the Bill Payment Service.

I, the undersigned, declare that the above information is accurate and authorize Bill Payment Service to be activated for the above account:

Signature	_____	Date	_____
Signature	_____	Date	_____