



Online Bill Pay Enrollment Form

Please print this form, fill in the information, and sign the form. You can drop this form off at the Peoples Bank location nearest you, or mail to:

Peoples Bank
PO Box 158
Rock Valley, IA 51247

Full Name: _____

Day Phone: _____

E-mail: _____

***A valid e-mail is required for Online Bill Pay use only. This email address will be used for Bill Pay alerts and notifications. Please inform us of any changes.**

Default Checking Account: _____

****This account will be used as the default account to pay bills and any applicable service charges.**

*****After the Free 90-day trial period, the default checking account will be charged on the statement date a total of \$4.99 for the first 10 transactions plus \$.50/transaction after that.**

By signing this application, I agree to the terms and conditions of People Online Bill Pay, which can be found online at www.peoples-ebank.com or provided to me in writing per my request. I do understand the importance of a valid e-mail address and that the above information is filled out to the best of my knowledge.

Applicant Signature / Date: _____

Co-Applicant Signature / Date: _____



Rock Valley (712) 476-2746
Lester (712) 478-4411
Sioux Center (712) 722-0101
Akron (712) 568-1091

Sheldon (712) 324-4400
Jasper, MN (507) 348-3051
Hawarden (712) 551-2413