



Bonjour Banking Registration

Please Print Clearly ..

Date: _____ Social Sec# _____

Name: _____
(First) (Middle) (Last)

Address: _____

Home Phone: (_____) _____

Work Phone: (_____) _____

Email Address: _____

Username / Password: Please choose a Username that is unique and one you can remember as this will not change. If you choose a Password on this application, you will be REQUIRED to change your password at first sign-on to maintain account security. If you DO NOT choose a password at this time, we will assign the word 'password' as your password; and you will still be required to change it at first sign-on.

USERNAME: _____

PASSWORD: _____

Account Access: *(You must be an owner of the account(s) listed. Transfer capability will not be given unless requested. If these are joint accounts, other parties must sign also.)*

<u>Checking Accounts</u>	<u>Transfer Authorization</u>
# _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
# _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
# _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Regular Savings Accounts</u>	
# _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
# _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
# _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>CD, IRA, Loan</u>	
# _____	# _____
# _____	# _____
# _____	# _____

Agreement & Certification: I am an owner of the account(s) listed above and authorize The Union Bank to activate these accounts for my access through the Bonjour Banking Center. I acknowledge that I have read the terms and conditions of the Online Banking Agreement and Disclosure Statement, and I understand, accept, and agree to be bound by all its terms and conditions. I also agree to abide by The Union Bank rules and regulations as posted from time to time for online banking services in addition to other agreements I may have with The Union Bank. I certify that I have not altered this form, and in the event of any alteration, the terms of the original version will prevail.

Signature: _____ Date: _____



Bill Pay Enrollment

Please Print Clearly

Date: _____ Social Sec# _____

Name: _____
(First) (Middle) (Last)

Address: _____

Home Phone: (_____) _____

Work Phone: (_____) _____

Bill Pay Checking Account(s):

_____ # _____
_____ # _____

AUTHORIZATION AGREEMENT

I authorize The Union Bank to post my payment transactions to the account(s) indicated above as the Bill Pay source accounts. By providing The Union Bank with the names and account information of those persons to whom I wish to direct payment, I authorize The Union Bank to follow the payment instructions that it receives through the bill pay system. I understand that I am in full control of my account(s). If at any time I decide to discontinue, I will provide written notification to The Union Bank. My use of the bill pay service signifies that I have read and understand, accept, and agree to be bound by all terms and conditions of The Union Bank bill pay service. My signature also instructs the bank to withhold my name from any third party affiliates as outlined in the Online Banking Agreement.

Signature: _____ Date: _____

Send me a copy of The Union Bank Online Banking Agreement and Disclosure Statement: Yes No

FOR BANK USE ONLY: DATE SETUP: _____

GROUP # _____ USER # _____

Please complete and return to:

The Union Bank or FAX to:
ATTN: Bonjour Banking Enrollment (318)253-9163
P.O. Box 39 Phone: (318)253-4531
Marksville, LA 71351