



CentralNET Consumer Additional Services Request Form

CIF KEY _____

Date: _____

Personal Banker & Extension: _____

Required information for all Additional Service requested:

Name: _____ User ID: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Ph. #: _____ Business Ph. #: _____ Date of Birth: _____

Social Security # of primary account holder: _____

E-mail Address: _____

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

Account Number	Add Account To Access	Remove from Access	*Transfer To & From
#:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type / Prd#	Already Viewing	2 Sigs Required
/	<input type="checkbox"/>	<input type="checkbox"/>
/	<input type="checkbox"/>	<input type="checkbox"/>
/	<input type="checkbox"/>	<input type="checkbox"/>
/	<input type="checkbox"/>	<input type="checkbox"/>
/	<input type="checkbox"/>	<input type="checkbox"/>
/	<input type="checkbox"/>	<input type="checkbox"/>
/	<input type="checkbox"/>	<input type="checkbox"/>
/	<input type="checkbox"/>	<input type="checkbox"/>

*Loan payments are made via Transfers,
Transfers are not allowed **from** minor & Holiday savings account, **to or from** Credit Cards, Equity Lines or Certificate of Deposits.

Central Bank Credit Card Viewing for the following Credit Card(s) and /or Gold Equity Line(s)		
Note: Debit card activity is viewed within deposit account activity. Corporate Cards are not accessible via CentralNET		

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) and Central Bank Credit Card and/or Gold Equity Line.)	

*** 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

Processed by/Date:	Shaded areas for bank use only	Verified by: / Date:
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