



CentralNET Consumer & Small Business
Additional Services Request Form

Date: _____

Personal Banker & Extension: _____

Required information for all Additional Services requested:

Name: _____ User ID: _____

Mailing Address: _____ City/ST: _____ ZIP+4: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____ Tax ID: _____ CIF Key: _____

Please add/remove the following Account(s) to/from my CentralNET Consumer/Small Business access:

Table with 7 columns: Account Number, Add Account To Access, Remove from Access, Type, Prd #, Already Viewing, 2 Sig. It contains 8 rows for account entry.

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

I agree to all terms and conditions related to the use of CentralNET Bill Payment, Popmoney, External Transfer and CentralNET Services, as stated in the CentralNET Consumer & Small Business Terms and Conditions.

Customer Signature _____ Date _____

Customer Signature _____ Date _____

**A signature of an Authorized Signer is REQUIRED for every account requested

*** Please return this form to:

Central Bank & Trust Co.
Attention: CentralNET Client Services
P.O. Box 1360
Lexington, KY 40588-1360

Or fax to CentralNET Client Services at 859-253-6323
Or email: centralnet@centralbank.com
Or deliver to any Banking Center

Shaded areas for bank use only

Table with 2 columns: Processed by/Date, Verified by: / Date