

BANK ONLINE ENROLLMENT FORM

| CUSTOMER INFORMATION: | | | |
|-----------------------------|------------------------------------|--|--|
| Name: _____ | New User: <input type="checkbox"/> | Existing User Modification: <input type="checkbox"/> | |
| Address: _____ | SSN/USER ID: _____ | | |
| City: _____ | State: _____ | Zip: _____ | |
| Phone: _____ | Temporary PIN No.: _____ | | |
| Co-Applicant Name: _____ | | | |
| Email Address: _____ | | | |
| Mother's Maiden Name: _____ | | | |

| REQUESTED SERVICES | |
|---|---|
| <input type="checkbox"/> Bank OnLine (account access/transfers) | <input type="checkbox"/> Bank OnLine /Pay OnLine (pay bills online) |

Account Type: CH = Checking SAV = Savings MMA = Money Market CD = Certificate of Deposit LN = Loan LOC = Line of Credit

| ACCOUNT INFORMATION | | | | | |
|---------------------|---|--|------|---|--|
| Account Number | Account Description (as you identify this account) | | Type | Full Full authorization provides a user with FULL rights to the account. | View ONLY May view accounts but has NO authority to request transfers or bill pays. |
| 1 _____ (P) | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 _____ | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 _____ | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 _____ | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 _____ | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 _____ | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 _____ | | | | <input type="checkbox"/> | <input type="checkbox"/> |

(P) Indicates Primary Checking Account from which applicable charges will be debited.

| BANK INFORMATION (To Be Completed By Bank) | |
|--|--|
| CUSTOMER INFORMATION | |
| <input type="checkbox"/> New Date: _____ <input type="checkbox"/> Existing, since Date: _____ Officer: _____ Branch: _____ | |

Note: Bank OnLine is available only to The Bank customers

Authorization and Agreement: I am applying for Bank OnLine and authorize The Bank and their agents to provide online banking and/or online bill pay account(s) listed above. I understand that the use of this service is subject to the terms and conditions contained in the Bank OnLine Customer Agreement. The Bank is authorized to debit the specified checking account denoted above for all service fees and charges incurred from my use of the online service. The Bank is authorized to rely and act upon telephone instructions received from me in the accordance with this agreement.

_____ _____ _____ _____
 Applicant's Signature Date Co-Applicant's Signature Date