



Customer Application for Internet Banking

First (or Company name)	MI	Last Name	Social Security Number (or Business Tax ID #)		Home Phone
Current Address		City	State	Zip	Email Address

List below all accounts on which you have signing authority and would like to have access to through Internet Banking. We will not transmit any of your account numbers over the internet, nor will you be required to provide your account numbers over the internet. You may also view CD's and IRA's online, please provide the numbers below.

Account type	Account Number

If more space is needed, please attach an additional sheet.

PLEASE READ BEFORE SIGNING:

I certify that the information provided is true and correct. In addition, I authorize the above named bank to verify any information included in this application and to allow access to the above listed accounts. The Undersigned agrees to the terms stated on the above.

Signature	Date

Please allow 5 business days for your service to be connected. You will receive a bank assigned unique user ID needed for the first time login. The fastest way to receive this information is via email. May we send it to your email address listed above? Or do you prefer we mail it to the address above? Please initial one of the lines below.

_____ Yes, send it to my email address listed above. _____ No, Please send it via regular postal service mail.

BILL PAY SERVICE

_____ **YES, I DO** want the bill pay service! _____ **No, I DO NOT** want the bill pay service at this time.

Bill Pay Service is FREE for unlimited bill payments, regardless of the number of accounts you pay bills from. Regular NSF fees will be added to items returned for non-sufficient funds.

FOR BANK USE ONLY

Employee Submitting Request _____

Input Initials _____ Input Date _____ User ID _____

