



Internet Banking Enrollment Request

This form is used to provide information that is required to open or add accounts/services to your Internet Banking access rights with our Bank. An asterisk (*) means the item is required.

Primary Account/Customer #: _____

*Legal Name (Last, First, Middle) _____

*Residential Address (Physical Address) _____

Second Line (if needed) _____ *City: _____ *St: _____ *Zip _____

Home Phone []: __ (____) _____ Cell Phone []: __ (____) _____

Work Phone []: __ (____) _____ Fax Number: __ (____) _____

Place a check mark [✓] by the phone number that you can normally be reached during banking hours

Social Security Number _____

Email Address: _____

Login Id Preference Selection

Please list your desired Login ID for us to use in setting up your services. We require a minimum of 5 characters.

First Choice: _____ **Second Choice:** _____

Use the table below to list the accounts that you would like added to your Internet Banking service.

Account Number	Account Title	Type of account
		<input type="checkbox"/> Ckg, Svg or MMDA <input type="checkbox"/> CD <input type="checkbox"/> Loans
		<input type="checkbox"/> Ckg, Svg or MMDA <input type="checkbox"/> CD <input type="checkbox"/> Loans
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		<input type="checkbox"/> Ckg, Svg or MMDA <input type="checkbox"/> CD <input type="checkbox"/> Loans
		<input type="checkbox"/> Ckg, Svg or MMDA <input type="checkbox"/> CD <input type="checkbox"/> Loans

Note: You must be an authorized signer on all of these accounts

Access Types: You will be granted Full Access rights (allows you to view transactions and perform transfers to these accounts) unless you otherwise would like to restrict your access to only View Only, View & Deposit, or Deposit Only. These other rights may be used if you would like to add a signer with limited authority on your accounts. Contact our customer support staff if limited rights will be required for this service.

CheckFree Bill Payment Service Preference Selection

In order to have this service, you will need to have the PowerTOOLS option on at least one of your accounts. Contact our customer support staff if you do not have that service option or have any questions. This service will allow you to pay any individual or company without any charge. (if nothing is checked, we will not add the service)

Please add the CheckFree Bill Pay service to this service.

I do not want the Bill Pay service at this time.

I certify that I am an authorized signer on these accounts and the information provided is true and correct to the best of my belief.

Customer Signature

Date Signed