



**Online Banking Enrollment Form**

**DATE:** \_\_\_\_\_

**CUSTOMER INFORMATION:**

Name: _____	New User: <input type="checkbox"/>	Existing User Modification: <input type="checkbox"/>
Address: _____	SSN: _____	_____
City: _____	State: _____	Zip: _____
Phone: _____	Primary Contact for Account(s): _____	Primary Account #: _____
Physical Address: _____	Date of Birth: _____	
Email Address: _____	Mother's Maiden Name: _____	

**REQUESTED SERVICES**

Account Access (history/transfers)     
  Bill Payment for a monthly charge of \$ \_\_\_\_\_     
  Inquiry Only

**ACCOUNT INFORMATION**

**All accounts attached to the social security number provided will be accessed through this online banking enrollment.**

Please remove the following accounts:

Account #	Account Description (as you identify this account)
1	_____
2	_____
3	_____
4	_____

**SIGNATURES:** By signing below, I authorize **THE BANK** to establish an Internet Banking account on my behalf, issue a temporary password which I will be forced to change to a private password the first time I log on to the system and acknowledge receipt of the Online Access Agreement and EFT Act Disclosure. I also understand that the Online Access Agreement and EFT Act Disclosure is subject to change and that notifications of any changes are addressed in the agreement.

_____	Signature	_____	Date	_____	Signature	_____	Date
_____	Signature	_____	Date	_____	Signature	_____	Date
_____	Signature	_____	Date	_____	Signature	_____	Date
_____	Signature	_____	Date	_____	Signature	_____	Date

**BANK INFORMATION (To Be Completed By Bank)**

\_\_\_\_\_ (initials) \_\_\_\_\_ (as of date) The signature cards of the above accounts were reviewed and the customer is a proper signatory on each account.

\_\_\_\_\_ (initials) \_\_\_\_\_ (as of date) The "Credit Inquiry" of the above SSN/TIN was reviewed and is attached, showing the appropriate accounts the customer will see upon logging into IBS.

\_\_\_\_\_ (initials) \_\_\_\_\_ (as of date) The customer's accounts meet the bank's standards to allow the customer to have Bill Payments.

\_\_\_\_\_ (initials) \_\_\_\_\_ (as of date) The customer's accounts were entered onto the IBS.

Location:     Cavalier     Columbia     Down Town     Argyle

Port #: \_\_\_\_\_