

|                                                                                                                                             |                                |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| Company Name:                                                                                                                               | Company ID # (Existing Users): |
| Street Address:                                                                                                                             | City, State, Zip:              |
| Do you want information sent to you on how to enroll in online account statements? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |

**User # 1 Information**

**Add/Edit User**

**Delete User**

|                                                                                                                     |                                  |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------|
| First & Last Name:                                                                                                  | LAST 4 DIGITS Social Security #: |
| Date of Birth:                                                                                                      | Mother's Maiden Name:            |
| Email Address:                                                                                                      |                                  |
| Telephone Numbers - <b>TELEPHONE NUMBERS ARE REQUIRED FOR LOGIN PURPOSES</b>                                        |                                  |
| <b>MOBILE:</b>                                                                                                      | <b>WORK:</b>                     |
| <b>HOME/OTHER:</b>                                                                                                  |                                  |
| Do you want access to Mobile Banking? <input type="checkbox"/> Yes <input type="checkbox"/> No                      |                                  |
| Do you want access to Mobile Deposit (for use with Smart Phones & iPads)? Additional fees apply for Mobile Deposit. |                                  |
| <input type="checkbox"/> Yes – List Account(s) to be set up for Mobile Deposit _____ <input type="checkbox"/> No    |                                  |
| Do you need access to make loan payments online?                                                                    |                                  |
| <input type="checkbox"/> Yes - List Loan Account Number(s) _____ <input type="checkbox"/> No                        |                                  |

| Account Number | Add Acct | Delete Acct | Internal Transfers |    | Online Bill Payment |    | Stop Payment |    |
|----------------|----------|-------------|--------------------|----|---------------------|----|--------------|----|
|                |          |             | Yes                | No | Yes                 | No | Yes          | No |
|                |          |             |                    |    |                     |    |              |    |
|                |          |             |                    |    |                     |    |              |    |
|                |          |             |                    |    |                     |    |              |    |

**User # 2 Information**

**Add/Edit User**

**Delete User**

|                                                                                                                     |                                  |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------|
| First & Last Name:                                                                                                  | LAST 4 DIGITS Social Security #: |
| Date of Birth:                                                                                                      | Mother's Maiden Name:            |
| Email Address:                                                                                                      |                                  |
| Telephone Numbers - <b>TELEPHONE NUMBERS ARE REQUIRED FOR LOGIN PURPOSES</b>                                        |                                  |
| <b>MOBILE:</b>                                                                                                      | <b>WORK:</b>                     |
| <b>HOME/OTHER:</b>                                                                                                  |                                  |
| Do you want access to Mobile Banking? <input type="checkbox"/> Yes <input type="checkbox"/> No                      |                                  |
| Do you want access to Mobile Deposit (for use with Smart Phones & iPads)? Additional fees apply for Mobile Deposit. |                                  |
| <input type="checkbox"/> Yes – List Account(s) to be set up for Mobile Deposit _____ <input type="checkbox"/> No    |                                  |
| Do you need access to make loan payments online?                                                                    |                                  |
| <input type="checkbox"/> Yes - List Loan Account Number(s) _____ <input type="checkbox"/> No                        |                                  |

| Account Number | Add Acct | Delete Acct | Internal Transfers |    | Online Bill Payment |    | Stop Payment |    |
|----------------|----------|-------------|--------------------|----|---------------------|----|--------------|----|
|                |          |             | Yes                | No | Yes                 | No | Yes          | No |
|                |          |             |                    |    |                     |    |              |    |
|                |          |             |                    |    |                     |    |              |    |
|                |          |             |                    |    |                     |    |              |    |

**Authorization**

This form must be signed by an authorized account signer.

|            |           |      |
|------------|-----------|------|
| Print Name | Signature | Date |
|------------|-----------|------|

|                     |                     |  |                    |  |
|---------------------|---------------------|--|--------------------|--|
| <b>For Bank Use</b> | <b>Completed By</b> |  | <b>Verified By</b> |  |
|---------------------|---------------------|--|--------------------|--|