

## Community Bank Application for Internet Banking

To enroll for internet banking service, please complete and sign this application and return it to the Bank in person. The Bank must receive this **signed** application before we can process your request.

Name of Applicant: \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Security Question: In What City/Town were you born? \_\_\_\_\_

### Secondary-Owner Accounts

Social Security Number	Account Type	Account Number

By signing below, I am applying for internet banking service. I authorize you to charge my account for any transactions made through use of the internet banking service, including the amount of any recurring payment or transfer that I make. I agree that sufficient funds must be available in my account on the date I schedule payments or transfers made using the internet banking service. I acknowledge receipt of the Internet Banking Agreement and Electronic Funds Transfer Disclosure, that I understand the terms and conditions set forth therein, and agree to be bound by them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Internet Banking Affiliate Accounts

Name of Applicant: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

The accounts listed below are accounts that I am affiliated with and would like to be able to access on the Online Banking System.

Social Security Number or EIN of Affiliate: \_\_\_\_\_

Affiliate Account Name	Affiliate Account Type	Affiliate Account Number

I/We the undersigned, am/are the account holders of the above listed account(s). I/We hereby authorize the above mentioned person(s) to view and make transfers from the listed accounts via the internet banking system. I/We affirm, confirm and undertake that I/We have read and understood the Internet Banking Agreement and Electronic Funds Transfer Disclosure of Community Bank and I/We agree to abide by them. I/We hereby state that should I/We wish to revoke the above authorization, I/We shall duly issue a letter of revocation to Community Bank in this regard. I/We hereby agree that until ten days after receipt of such revocation letter, the authorization as afore stated shall hold good.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date