

Online Banking Enrollment Form

Date: _____ Access ID: _____

Customer Information:

Name: _____ New User: Existing User Modification:

Address: _____ SSN: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Primary Contact for Account(s): _____ TIN: _____

Physical Address: _____ Date of Birth: _____

Email Address: _____ Mother's Maiden Name: _____

Add'l. Sig. Holder: _____ D.O.B.: _____ SSN: _____ Mother's Maiden Name: _____

Requested Services: Account Access (history/transfers) Inquiry Only

Signatures:

By signing below, I authorize First State Bank of Cando to establish an online banking account on my behalf, issue a temporary password and acknowledge receipt of the Online Access Agreement and EFT Act Disclosure. I also understand that the Online Access Agreement and EFT Act Disclosure are 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)

Please remove the following accounts:

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

_____(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 "System Inquiry" of the above SSN/TIN was reviewed and is attached, showing the appropriate accounts that the customer will see upon logging into IBS.

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

