

## APPLICATION AND ENROLLMENT FOR ONLINE BANKING

To enroll for Online banking service, please sign this application and return to the bank.

We must receive this signed application before we can process your request.

Social Security num	ber or EIN			
First Name: Last Name:	2			
Address Line 1:	-			
Address Line 1: Address Line 2:	-			
City:	-			
State:				7177
Zip Code:				
Home Phone:				
Work Phone:	Second Comments			
E-Mail Address:	?			
Account Number:	<del>y</del>			
Account Number				
transfer. I agree that or transfers to be ma	t sufficient funds in the desired the United the desired the term.	must be available in ne banking service. Is and conditions set f	ding the amount of any reny account on the date I so acknowledge receipt of the forth therein, and agree to  Date	chedule payments ne Online Banking be bound by them
Cinanton	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Date	
	Buffalo Center, Îz		st and Savings Bank at 10 ve you a temporary Online	
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			72	
Employee			5.	
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