

CONSUMER INTERNET BANKING ENROLLMENT FORM

Complete, sign and return this form to the bank. If you do not have the ability to print these documents, please contact us.

Customer Information

Name

Social Security

Street Address

City

State

Zip

E-Mail Address

Primary Checking Account

Telephone Number

Additional Authorized User(s)

Customer Agreement

By signing below:

- I am enrolling in "Consumer Internet Banking" as indicated on this enrollment form.
- I acknowledge receipt of First National Bank's Electronic Funds Transfer Agreement and Privacy Statement.
- I have read and agree to comply with the "Consumer Internet Banking Agreement & Disclosure". and any other agreements governing the accounts and features of this service.
- I authorize First National Bank to honor electronic instructions to transfer money to other First National Bank accounts and process bill payment requests.
- I acknowledge transfers and bill payments will be processed when the Userid(s) and Password(s) of the signer(s) designated by me now or in the future have been entered into the system.

Signature

X _____

Date