

Business Information		
Business Name:		
Business Owner:		
Address line 1:		
Address line 2:		
City:	State:	Zip Code:
Tax ID Number:		
Business Phone:		
Business Owners Drivers License #		
Email Address:		

List all account numbers and account types to be accessed:

Account #	Account Type	Account #	Account Type
1.		5.	
2.		6.	
3.		7.	
4.		8.	

**\*\*PLEASE PRESELECT YOUR USER NAME:** \_\_\_\_\_

You understand by enrolling you will be able to access the above accounts at First National Bank and transfer funds between like accounts at First National Bank. Limitations on frequency of transfers on MMDA apply to computer transfers.

By signing below, you agree to be bound by the rules regulating this account and any amendment to them. You are certifying that all information you have given us is accurate. If you do not use our internet banking service for a three month period your account will be blocked and internet access terminated. By signing below you understand and agree to receive your bank statements electronically and will not receive hard copies. If you wish to terminate Internet service, please notify us by calling or writing a letter.

Please return this enrollment form to us either by mail to the address below, or in-person. You will receive your Online Banking Agreement and temporary password by e-mail. **Do NOT tell anyone your User Name or password.**

**Please note: All signers on the signature card at the bank must sign this authorization.**

Authorized Signers Signature	Print Name of Signer	Date
1.		
2.		

INTERNAL BANK USE ONLY	
Signature verified by:	Temporary Password:
Input By:	User Name:
Called or Mail Date:	Date Input: