



FARMERS STATE BANK
 ----- *Personal* -----
ONLINE BANKING APPLICATION
www.farmersstatebank.com

This application is used for establishing personal Online Banking services. Please complete all required fields and sign as indicated. Incomplete information may delay your ability to use this service.

Online Banking Customer		
Customer Name		
Street Address		
Mailing Address		
City	State	Zip Code
Social Security#		
Daytime Phone	Evening Phone	Cell Phone
E-mail address		
Date of Birth	Mother's Maiden Name	
Employer		

Accounts to Access		
Please indicate which accounts you wish to access:		
Yes ___ I wish to access all my active accounts.	OR	Yes ___ I wish to access only these accounts:
<i>Accounts requiring more than one signature may not be accessed.</i>		Type Account Number

Online Banking Application Terms

By signing below, I certify that the information is true and accurate. I authorize Farmers State Bank to verify any information in this application. The use of Online Banking shall be governed by the terms and conditions of the Farmers State Bank Online Banking Agreement, which I will receive in the mail and read before using Online Banking. I hereby agree to be bound by the terms and conditions therein and as amended from time to time. I agree that Farmers State Bank is authorized to act on instructions received under my password. Furthermore, I accept responsibility for the confidentiality and security of my password and agree to change it regularly.

 Customer Signature

Signature verified by _____
 (FSB Employee)

Date _____