

Customer Information		
Name (First, M, Last):		
Business Name (if applicable):		
Address:		
City:	State:	Zip Code:
Social Security Number:		
Business Tax ID#:		
Home Phone:	Work:	Cell:
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 SELECT YOUR USER NAME:** _____
 (Minimum of 5 Characters)

Services Requested

- Online Banking Bill Pay (Approved / Denied)
 Online Banking Statements ONLY (you choose not to receive a paper copy of your statement)

You understand by enrolling you will be able to access your accounts at Farmers State Bank and transfer funds between your accounts at Farmers State Bank. Limitations on frequency of transfers for certain types of accounts also 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 is accurate. By signing below you understand and agree to receive your bank statements electronically and will still receive hard copies unless bank is otherwise notified. If you wish to terminate Internet Service, please notify us by calling or writing a letter.

****Your temporary password will be your social security number without the dashes. You will be prompted to change your password upon logging into the system, as well as setting up security questions. (Minimum of 5 characters including 1 uppercase, 1 lowercase, and 1 number)**

DO NOT TELL ANYONE YOUR USER NAME OR PASSWORD.

Please return this enrollment form to us either by mail to: **Farmers State Bank, P.O. Box 405, Hillsboro, WI 54634**, or in person to any of our branch locations. If you have any questions, please contact bookkeeping at 608-489-2621.

Authorized Signers Signature	Print Name of Signer	Date

INTERNAL BANK USE ONLY	
Input by:	Date Input: