**FARMERS STATE BANK** **ONLINE BANKING ENROLLMENT FORM**

HILLSBORO • UNION CENTER [www.fsbhillsboro.com](http://www.fsbhillsboro.com)

LA FARGE • READSTOWN • WONEWOC

Member FDIC □ New Enrollment □ Update Current Enrollment

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| --- |
| **Customer Information** |
| Name (First, M, Last): |
| Business Name (if applicable): |
| Address: |
| City: State: Zip Code: |
| Social Security Number: |
| Business Tax ID#: |
| Home Phone: Cell Phone: Work Phone: |
| 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)

\*\*You must attempt to log into your account with your username before a link will be sent to the email address you provided above from[noreply@ibtapps.com](mailto:noreply@ibtapps.com).

You will need to click the link within the email to set up your password for your online banking account. (Minimum 5 characters including 1 uppercase, 1 lowercase, and 1 number)

**SERVICES REQUESTED**

□ Online Banking □ Bill Pay

□ 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.

**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 questions, please contact bookkeeping at 608-489-2621.

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| Authorized Signers Signature Print Name of Signer Date |
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Revised 10/2024