

Internet Banking Application

Customer Information

Access ID: _____ Business Name: _____

Tax ID: _____ Contact Name: _____

DOB: _____ Electronic Statement Delivery: **Yes or No**

Contact Information

Street Address: _____

City: _____ State: _____ Zip: _____

Main Phone: () _____ Alternate Phone: () _____

Fax: () _____ Email: _____

Referred By: _____

Security Information

Select verification questions and provide your answers below.

- | | |
|--|--|
| ___ Company where you had your first job? | ___ Your mother's maiden name? |
| ___ Your grandfather's first name on your father's side? | ___ Your mother's date of birth? (mm/dd) |
| ___ Your grandmother's first name on your mother's side? | ___ Name of your first grade teacher? |
| ___ Your father's date of birth? (mm/dd) | ___ Name of your first pet? |
| ___ Your father's middle name? | ___ Your wedding anniversary? (mm/dd) |

Answer(s): 1. _____ 2. _____ 3. _____

Account Information

<u>Account Number</u>	<u>Account Type</u>	<u>Bill Pay (Yes or No)</u>
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_____	_____	_____
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_____	_____	_____
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I have received the Electronic Disclosure Consent Form and the Internet Banking Agreement and Disclosure and agree to the terms and conditions.

Signature: _____ Date: _____

Eaton National Bank & Trust Co. will issue a temporary passcode for your initial login. You will then be prompted to create a permanent passcode.