

# Individual Enrollment Agreement

Welcome to State Bank of Fairmont's on-line banking enrollment. By filling out this form and returning it to the Bank, you are giving us permission to set up service for you as an on-line banking customer. State Bank of Fairmont reserves the right to cancel internet banking service at any time.

Please complete the enrollment form, print it and physically return the form to the Bank. You must present the form in person at the Bank to enroll in on-line banking.

## Individual Enrollment

Please complete all fields

Name \*

Social Security Number \*

(XXX-XX-XXXX)

Address \*

City \*

State \*

Zip \*

-

Phone \*

-

-

Work Phone

-

-

Ext

Email Address \*

## Additional Information

Date of Birth \* (MM/DD/YYYY)

Mother's Maiden Name \*

How did you hear about internet banking (ex: website, friend, advertisement, bank employee)?

Your role in preventing mis-use of your accounts through Online Banking is extremely important. You agree to promptly review your bank statement as soon as you receive it and you agree to protect the confidentiality of your account number(s). You also agree to protect your personal identification information such as social security number, driver's license number, Access ID and password. Your access ID and password are intended to provide security against unauthorized access to you accounts. Therefore, you agree that you and your authorized persons will keep the passwords confidential. If you believe or have reason to believe that any security procedure or password has or may have become known by unauthorized persons you will immediately notify the Bank in person or by telephone and agree to confirm that oral notification in writing to the Bank within 24 hours. The Bank shall have no liability for losses caused by unauthorized access to any confidential information and you will hold the Bank harmless from any losses, costs, suits, damages, liabilities and expenses resulting from your failure to keep the password confidential or otherwise adequately manage the use of the password. You will be liable for any instructions and other communications initiated before the Bank has received such notice and has had reasonable opportunity to act on such notice. The Bank reserves the right to change any or all of the security procedures at any time by giving written notice to you.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Required Information