



Online Banking Enrollment Form

To enroll in Community Banks Online Banking Service, fill out the requested information, print and sign this form. Return this form to any of the conveniently located Community Bank locations. Community Banks Online Banking Service is free of charge.

Customer Enrollment:

First Name:

Middle Initial:

Last Name:

Social Security Number:

Date of Birth:

Address and Authorized User Information: (Access ID is Assigned by Bank)

Mailing Address:

City:

State:

Zip:

Home Phone:

Business Phone:

City of Birth:

Mother's Maiden Name:

Email Address:

Account Information (Please provide the type of account and number for each account you wish to have access to online):

Type of Account (Checking, Savings, Loan, CD):

Account Number (Please provide complete number):

I (We) agree to the terms and conditions of the Online Banking Agreement and Disclosure available on Community Banks Website, <http://www.hoopestonbank.com/>. I certify that the above information is true and complete as of this date.

Signature of Applicant _____ Date _____

FOR BANK USE ONLY

SETUP COMPLETED BY:	DATE:	SETUP REVIEWED & ADDED TO CUSTOMER LIST BY:	DATE:
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