

INTERNET BANKING ENROLLMENT FORM
(Please sign and return this form to the bank to enroll in internet banking.)

NAME _____

SOCIAL SECURITY NUMBER _____

ADDRESS _____

CITY/STATE/ZIP _____

HOME TELEPHONE _____

WORK TELEPHONE _____

EMAIL _____

ACCOUNT(S) TO BE ADDED

Please Note: You must be an authorized signer on each of these accounts.

_____	_____
_____	_____
_____	_____
_____	_____

First State Bank does endeavor to provide you with the highest quality internet banking service available. Customers who utilize our internet banking product may also elect to arrange bill payment services with CheckFree, an independent third party service provider. First State Bank does not currently impose a fee for the use of its internet banking.

First State Bank has taken measures to enhance the continuity of service and minimize the risk of loss associated with internet banking and or bill payment services. However, there is risk inherent in the use of internet banking and bill payment services and it is possible that your service may be interrupted from time to time and you may sustain a loss of funds.

Therefore, by your use of its internet banking product you agree that First State Bank will not be liable to you for any damages, including consequential damages, of any nature resulting from any transaction in which you use the internet and further that you indemnify and hold harmless First State Bank for any loss(es) that it may incur in connection with your use of its internet banking system or in connection with your use of bill payment services provided by CheckFree.

APPLICANT SIGNATURE _____

DATE _____

FOR BANK USE ONLY

_____ EMPLOYEE INITIALS

_____ TELEWEB SET-UP

_____ ADD EMAIL ADDRESS TO MERIDIAN

_____ STATEMENTS ONLINE