Farmers National Bank

INTERNET BANKING ENROLLMENT FORM

To sign up for Internet Banking, print and complete the application, sign, and deliver to any of our bank locations. Once the form is returned to us, you will receive an email within 2 business days containing your login information.

Last Name First Name

Address

City State Zip Code

E-mail Address

Social Security #: ________________________

________________________ ________________________ ________________________

Daytime Phone# Evening Phone # Cell Phone #

PLEASE NOTE: YOU MUST BE AN AUTHORIZED SIGNOR ON EACH OF THESE ACCOUNTS.

Primary Checking Account #________________________

Any account type may be accessed (checking, Money Market, Savings, CD, IRA, and loans) except credit cards. Some accounts do not allow transfers.

Additional Account #______________________ Account #________________________
Account #______________________ Account #________________________
Account #______________________ Account #________________________
Account #______________________ Account #________________________
Account #______________________ Account #________________________
Account #______________________ Account #________________________

Please provide a question to which only you know the answer. This will allow our staff to verify your identity. (e.g. The name of your first pet. Your favorite food. Etc.)

Security Question: ______________________________________ Answer: ____________________

I certify that all information on this application is true and complete. I acknowledge that by signing this application and utilizing the Online Service(s) provided, that I agree to the terms & conditions described in the Farmers National Bank Online Banking Agreement provided to me.

Applicant's Signature

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Fiserv: _________ Premier: _________ Teller: _________ Date: _____

Email: ________________________________ Branch: ______________________