Business Online Application Banking Form

Business Name: Date:

Contact Name: Soc.Sec.No.:

Address: City: State: Zip:

Contact Phone: E-mail:

***Requested Login ID** (**must BEGIN with a letter** and be **4 - 8** characters in length):

*First National Bank reserves the right to assign you a variation of this ID, if necessary.

Please list the accounts you wish to be able to access through Online Banking. The first listed account, marked (P), is the account that will be charged a monthly fee if you use the Bill Payer Service (this **must** be a Checking account). The order in which you list them will be the order they appear on the Web page. In the second column, you may indicate a description of the account listed, which will also appear on the Web page (i.e. Household Account, Auto Loan). This description must not exceed 40 characters. With each account number listed, **you must indicate the type of access** you wish to obtain (see descriptions below). In order for you to use the Bill Payer service, **at least one** checking account must be set at Full access**.**

[***View*** = view only, ***Deposit*** = deposit only, ***View & Deposit*** = view &deposit, ***Full*** = view, deposit, & withdraw]

Account Number	Account Description	Access Type
(P)		

(Please **INITIAL** on the appropriate line or lines below)

_____**I wish to access the Bill Payer service**. Your primary account will be charged a $10.00 monthly fee which covers the first 25 bill payments. There is a 50¢ charge for each additional payment. This Fee will be assessed on the 1st business day of the following month. There will be no charge for months during which the service is not used.

_____**I do not wish to access the Bill Payer service.**

By signing below, I authorize FNB to grant access to the above listed accounts as I have indicated. FNB is not liable for any errors or losses that may result from the unauthorized use of my accounts. I agree to indemnify and hold FNB harmless from any and all claims, liability, damages, and losses (including attorney's fees and court costs) arising out of or in connection with the unauthorized use of my accounts. Upon approval of this application, FNB will notify the applicant, by mail, of the designated Login ID and temporary password. The applicant will be prompted to change the password during the initial entry into the Online Banking System.

In order to allow access to these accounts, signatures of the **authorized signers of all accounts** listed above must appear below.

Signature:_____ **Print Name:**_____

Signature:_____ **Print Name:**_____

Signature:_____ **Print Name:**_____

Signature:_____ **Print Name:**_____

Signature:_____ **Print Name:**_____

Signature:_____ **Print Name:**_____

For Bank Use Only: Branch: Employee:

Login ID: Port. No.: Date Rec'd: Date Verified: Date Entered: