

INTERNET BANKING APPLICATION

Please complete and drop off, mail or fax (605-928-3349)



PO Box A, Parkston SD 57366

NAME: _____ SSN: _____

ADDRESS: _____ DOB: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

MOTHER'S MAIDEN NAME: _____

ACCOUNT INFORMATION AND INSTRUCTION

Account(s) to Access with Online Banking Service:

(1) _____ (5) _____

(2) _____ (6) _____

(3) _____ (7) _____

(4) _____ (8) _____

The Online Banking Service may be setup/enabled with the following features:

- Transfer Funds between Eligible Accounts
- Review Transactions on Eligible Accounts
- Online Bill Payment
- Obtain Copy of Statement
- Obtain Balance Information on Eligible Accounts
- Make Loan Payments
- Allow Export of Transaction History to Personal Finance Manager (i.e. – Quicken, MS Money, etc.)

AUTHORIZATION

I (the Account Holder(s)) apply for the online banking service to be used in conjunction with the accounts listed above. I understand that this online banking service will be setup with the functions, features, and/or additional provisions indicated above and that my use of this service will be subject to the terms and conditions contained in the Internet Banking Disclosure. I authorize Farmers State Bank to make any investigation of my credit either directly or through any agency. I understand that Farmers State Bank will retain this application and any credit information, even if I am not approved for this online banking service.

Account Holder Signature

Date

FOR INSTITUTION USE ONLY

Date Taken: _____

By: _____

Date Approved: _____

By: _____

Date Entry: _____

By: _____