



This application is used for establishing personal Online Banking services. Please complete all the fields and sign where indicated. Incomplete information may delay your ability to use this service. Completed forms can be sent to PO Box A, Parkston, SD 57366 or faxed to 605-928-3349.

ONLINE BANKING CUSTOMER INFORMATION		
CUSTOMER NAME		
STREET ADDRESS		
MAILING ADDRESS		
CITY	STATE	ZIP
SOCIAL SECURITY NUMBER		
HOME PHONE	CELL PHONE	BUSINESS PHONE
EMAIL ADDRESS		
DATE OF BIRTH	MOTHER'S MAIDEN NAME	
EMPLOYER		
ACCOUNTS TO ACCESS		
<p>Please Indicate which accounts you wish to access: _____ I wish to access the following accounts:</p> <p>_____ I wish to access all my active accounts</p> <p style="text-align: center;">OR</p> <p><i>Accounts requiring more than one signature may not be accessed</i></p>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

AUTHORIZATION
I (the Account Holder) 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 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: _____ Date Approved: _____ Date Entry: _____