



Online Banking Enrollment Form

- Yes! Enroll me in On-Line Account Access and On-Line Bill Payment for \$6.95 a month.
 Yes! Enroll me in On-Line Account Access only. FREE!

Personal Information (Please print or type)

Applicant Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-Mail Address (Optional) _____

Security Information

Date of Birth _____ Social Security # _____

Mother's Maiden Name _____ Year Graduated High School _____

State Bank of Southwest Missouri Account Information

Transfer

Checking Account Number(Payment Account) _____ In Out Both

Other Account Number(s) _____ In Out Both

Other Account Number(s) _____ In Out Both

Other Account Number(s) _____ In Out Both

Other Account Number(s) _____ In Out Both

Other Account Number(s) _____ In Out Both

Account Types (Please Check All that Apply)

Checking Savings* Money Market* Line of Credit* Loan Account*

*On-Line Bill Pay not available on these accounts.

Authorization and Agreement

The undersigned applies for, and if approved, authorizes State Bank of Southwest Missouri to establish the requested PC Banking service(s). The undersigned understands that the use of the Service is subject to the terms and conditions of the PC Banking Service Agreement that has been provided and reviewed. This PC Service Banking Agreement will again be provided electronically upon implementation. The undersigned understands that subscribing to the Service, or permitting another to use the Service, constitutes acceptance of the terms and conditions of the PC Banking Service Agreement. State Bank of Southwest Missouri is authorized to debit the designated Payment Account for monthly service charges until the Service is cancelled.

Customer Signature _____

Applicant

Date

Member FDIC