

# ONLINE BANKING ENROLLMENT

Please complete, print, and fax this application to: (254) 761-6094

First Name:

Last Name:

Address:

City:

State:

Zip:

Home Phone:

Work Phone:

Email:

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Social Security Number:

Primary Checking Account:

Signature:

Date:

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PLEASE NOTE: YOU MUST BE AN AUTHORIZED SIGNER OR OWNER ON THE ABOVE LISTED ACCOUNT TO APPLY FOR ONLINE BANKING.

BY SIGNING AND SUBMITTING THIS FORM YOU CERTIFY THAT EVERYTHING STATED ABOVE IS TRUE AND CORRECT