



Online Banking Enrollment Form

Please print clearly. Items marked with an asterisk "*" are required.

www.farmersstate.com

*Name: _____
First Middle Last

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Day Phone: _____ *Evening Phone: _____

*Cell Phone: _____ E mail: _____

*SSN/Tax ID: _____ *Birthdate: _____

Farmers State Bank Account Information

Account Numbers	Type of Account
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*Choose Access ID: _____
At least 6 characters long

A temporary password will be e-mailed to you when this application is approved.

*Security Question: _____

*Security Answer: _____

Select a question that you will remember and cannot be easily guessed. (Examples: What is your favorite pet's name? Where were you born? Company where you had your first job. Mother or Father's middle name? When you contact Farmers State Bank, you may be asked to answer this question correctly to obtain information or reset your passcode.)

Authorization and Agreement: I certify that the information provided is true and correct. I authorize Farmers State Bank to verify any information included in this application. Account access is limited to accounts on which I am a signer. Farmers State Bank will NEVER contact you to ask you for your User ID or password. If you are approached by anyone to provide your user ID and/or password, DO NOT PROVIDE THIS INFORMATION. Contact the bank immediately, as you could be the victim of attempted fraud or identity theft.

I understand the use of Online Banking shall be governed by the terms and conditions of the Farmers State Bank Online Banking Services Agreement.

*Signature Date

Bank Use Only

Taken by: _____ Approved by: _____ Input by: _____

Date: _____ Date: _____ Date: _____