CITIZENS NATIONAL BANK

# Internet Banking for Consumers - Application

Print Form

## Customer Information

**Name:** _____

**Address:** _____

**City/State/Zip:** _____

**Tax ID:** _____

**Home Phone:** _____

**Date of Birth:** _____

**Employer:** _____

**Mother's Maiden Name:** _____

**Email Address:** _____

## Co-Applicant Information

**Name:** _____

**Address:** _____

**City/State/Zip:** _____

**Tax ID:** _____

**Home Phone:** _____

**Date of Birth:** _____

**Employer:** _____

**Account numbers I would like to access: All Accounts** ☐ Yes / ☐ No **If "No" list below.**

| Checking | Savings | Loans | Certificates |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

**Features I would like to have: (Select all that apply)**

**Bill Payer** ☐ Yes / ☐ No

**Transfer Funds** ☐ Yes / ☐ No

**Applicant's Signature: Note: Applicant must be signer on accounts requested.**

By signing below, the undersigned request(s) the described services and agrees to the terms and conditions governing the services, including any fees and charges. The undersigned agree(s) that all information is accurate and authorizes the financial institution to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency.

| Name | Date | Name | Date |
|---|---|---|---|
| | | | |

For Bank Use Only

**Branch:** _____ **Accepted by:** _____

Please attach one copy of this application to our standard On-line banking application and give to customer:
Send original to bookkeeping.