



## *Application for Internet Banking*

To enroll for internet banking service with the State Bank of St. Jacob please complete and sign this application and return it to the Bank.

**We must receive this signed application before we can process your request.**

Social Security Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

By signing below, I am applying for internet banking service. I authorize you to charge my account for any transactions made through use of the internet banking service, including the amount of any recurring payment or transfer that I make. I agree that sufficient funds must be available in my account on the date I schedule payments or transfers to be made using the internet banking service. I acknowledge receipt of the Internet Banking Agreement, that I understand the terms and conditions set forth therein, and agree to be bound by them.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this application in person to the State Bank of St. Jacob