



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 _____

☐ **Check here if you would like to receive statements electronically**

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

*P.O. Box 275
Saint Jacob, IL 62281
618 644 5555*