

**IROQUOIS FARMERS STATE BANK
ONLINE BANKING
PERSONAL ENROLLMENT FORM**

DATE: _____

NAME: _____

SOC. SEC. NO.: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

DATE OF BIRTH:
(MM/DD/YYYY) _____

MOTHER'S
MAIDEN NAME: _____

NAME: _____

SOC. SEC. NO.: _____

PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

DATE OF BIRTH:
(MM/DD/YYYY) _____

MOTHER'S
MAIDEN NAME: _____

The Online Banking Service may be setup/enabled with the following features

Transfer Fund Between Eligible Accounts

Obtain Balance Information On Eligible Accounts

Review Transactions on Eligible Accounts

Make Loan Payments

I have read and **"I AGREE"** to the terms of the Personal Online Banking Agreement and Disclosure.

Signature: _____

Signature: _____

Official Use Only:

Approved: [] Date: _____

Denied: [] Officer: _____