

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

DATE: _____

NAME: _____ NAME: _____

SOC. SEC. NO.: _____ SOC. SEC. NO _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: _____ PHONE: _____

CELL PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____ EMAIL ADDRE _____

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

MOTHER'S MAIDEN NAME: _____ 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 /
Review Transactions on Eligible Accounts Make Loan Payments

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

Signature: _____ Signature: _____

Official Use Only:	
Approved: []	Date: _____
Denied: []	Officer: _____

* Please mail completed form to the address below. **Do not** send this form over e-mail.

Iroquois Farmers State Bank
111 W Lincoln Ave.
PO Box 130
Iroquois, Il 60945