New Enrollment Form

To sign up for online/mobile banking, please complete and print the following application. Then deliver the form to First National Bank of Litchfield in person or via **U.S. Mail, e-mail, or fax**. Once the form is received and approved, you will be sent an e-mail with your login information within 48 hours. Be sure to check your spam folder if you believe you have not received your login e-mail.

First Name	Middle Initial		Last Name	
Address				
City	State		Zip Code	
Primary Phone Number	E-mail Addres	S	Social Security Number	
Date of Birth	Mother's Mai	Mother's Maiden Name		
Do you wish access to On				
(\$4.95 fee per month. Pay bi	lls online, any individual or comp	oany. Subject to approval.)	Yes No	
1) Account Number	Account Type	Access Type	Account Nickname	
2) Account Number	Account Type	Access Type	Account Nickname	
3) Account Number	Account Type	Access Type	Account Nickname	
4) Account Number	Account Type	Access Type	Account Nickname	
5) Account Number	Account Type	Access Type	Account Nickname	
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Please Note: All applicants must have account holder rights to all accounts listed. If you need additional accounts or applicants, please write them on this form, or attach a separate sheet.

I certify that everything I have stated in this application and on any attachments is correct. FNBL may keep this application whether or not it is approved. By submitting this form, I authorize you to check my credit and employment history, to have a consumer credit report prepared on me for the purpose of evaluating this application, and to answer questions others may ask you about my credit with you. I understand that I must update this credit information at your request and if my financial condition changes. I agree to follow and have viewed all of the bank's **Terms & Conditions**.

Applicant Signature	Date	Joint Applicant Signature	Date
Reset Print			

