

# ONLINE BANKING SERVICE APPLICATION

Account  
Holder:

Financial Institution: The First National Bank of McConnelsville  
McConnelsville Office  
P.O. Box 208  
86 N. Kennebec Avenue  
McConnelsville, OH 43756-0208

## ONLINE BANKING AUTHORIZED USERS

Customer Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Customer Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

## ACCOUNT INFORMATION AND INSTRUCTIONS

Account(s) to Access with Online Banking Service:

**The Online Banking Service may be set up/enabled with the following features:**

Transfer Funds Between Eligible Accts.	Obtain Balance Info. on Eligible Accts.
Review Transactions on Eligible Accts.	Make Loan Payments
Stop Payment Requests	Online Bill Payment
Obtain Copy of Statement	Order Checks

### Requested Services/Electronic Mail Notification

I request Internet Banking.

Email address (required) \_\_\_\_\_

### BUSINESS TYPE

Sole Proprietorship  Partnership  Limited Liability Partnership

Unincorporated Association  Limited Liability Company  Corporation

### BUSINESS/ASSOCIATION/CLUB RESOLUTION

A current resolution must be on file at First National Bank.

Yes, a copy of the resolution is on file.

### BUSINESS/ASSOCIATION/CLUB AGENT TRANSACTIONS (To be completed by the Business Owner)

Please check if you want First National Bank to allow;

File Downloads (ex. statements)

Full Access, no limits.

### BUSINESS/ASSOCIATION/CLUB AUTHORIZATION

I, the business owner/officer, authorize the agent listed to execute transactions on behalf of the company/association/club including but not limited to any Bill Pay electronic payments. I understand that this online banking service will be setup, pursuant to my instruction with the functions, features and/or additional provisions that I have indicated above and that their use of this service will be subject to the terms and conditions contained in the Online Banking Agreement. Unless the Bank receives written notice from me, I authorize the Bank to honor and execute any transactions conducted by this agent. The Bank shall be indemnified and held harmless from any loss suffered or any liability incurred from the use of this account by a company agent or representative.

X \_\_\_\_\_  
Business/Association/Club Owner/Officer Title Date

I, the business/association/club agent/officer, am applying for the online banking service to be used in conjunction with the accounts listed above. I understand that this online banking service will be setup (pursuant to the business owner/appointed authorized officer) with the functions, features and/or additional

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(Continued)**

provisions indicated above and that my use of this service will be subject to the terms and conditions contained in the Online Banking Agreement. I authorize the Bank to make any investigations of my credit either directly or through any agency. I understand that the Bank will retain this application and any credit information, even if I am not approved for this online banking service.

X \_\_\_\_\_  
Agent Signature Title Date

Special Instructions or Provisions: \_\_\_\_\_

**AUTHORIZATION**

I/We (the Account Holder(s)) apply for the online banking service to be used in conjunction with the accounts listed above. I/We understand that this online banking service will be set up (pursuant to my/our instructions) with the functions, features, and/or additional provisions indicated above and that my/our use of this service will be subject to the terms and conditions contained in the On Line Banking Agreement (s). I/We authorize the Financial Institution to make any investigation of my/our credit either directly or through any agency. I/We understand that the Financial Institution will retain this application and any credit information, even if I/we am/are not approved for this online banking service. I agree not to use this service in any illegal activity.

**ACCOUNT HOLDER:**

X \_\_\_\_\_ X \_\_\_\_\_  
Authorized Signer Date Authorized Signer Date

**FOR INSTITUTION USE ONLY**

Date Taken: \_\_\_\_\_ By: \_\_\_\_\_  
Date Approved: \_\_\_\_\_ By: \_\_\_\_\_  
Login Name Assigned \_\_\_\_\_  
Login Name Assigned \_\_\_\_\_  
Data Entry Date: \_\_\_\_\_ By: \_\_\_\_\_