1st National Community Bank On-Line Banking Application

Bank Use Only	
CSR Initial: _____	**Date of Application: _____**

Customer Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone: _____ **E-mail Address_____**

Types of Services

Online Banking

____ Transaction ____ Bill Pay* ____ Cash Management (Business Only)
*Separate agreement required
Allows ACH & Wires Services and business administrator can set up users and define roles to those users

Accounts you wish to access through On-Line Banking

Account Number	Account Type

You are liable for all transactions authorized with the use of your password. 1st National Community Bank has no responsibility for establishing the identity of any person who uses your password. You agree that if you give your password to anyone or fail to safeguard its secrecy, you do so at your own risk since anyone with your password will have access to your accounts. You agree that if you believe the secrecy of your password has been compromised, you will change your password. You agree to indemnify and release 1st National Community Bank from any and all liability and agree not to make any claim against 1st National Community Bank or bring any action against 1st National Community Bank related to honoring or allowing any actions or transactions that were authorized and conducted under your password.

By signing below, you are applying for the 1st National Community Bank Electronic Funds Transfer Service. You acknowledge receipt of the Electronic Funds Disclosure Statement and to the foregoing authorizations to which you agree to be bound and certify that all information provided is accurate.

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____