



Internet Banking Enrollment Form

Please review this form carefully. Once complete, please sign and return with proper photo ID to any of our branch locations.

First Name _____ Last Name _____

If Business, Name of Business _____

*E-Mail Address (username@host.domain) _____

Home Phone # _____ Business/Work Phone # _____

*Preferred Access ID # _____
(must be at least 8-15 digits)

Accounts Designated for Access

Checking Account(s):

Savings Account Number(s)

1. _____

1. _____

2. _____

2. _____

Certificate of Deposit Account Number(s):

Loan Account Number(s):

1. _____

1. _____

2. _____

2. _____

Bill Payment & eStatement Option (eStatements required on ALL Free Checking Accounts)

I would like to choose the Bill Payment Service option for my Internet Banking.

Yes No Primary Checking Account #: _____

I would like to receive eStatements on eligible accounts.

Yes No Account #: _____ Account #: _____

By signing below, I am applying for the Firstbank's Internet Banking Service and/or eStatements. I agree to the terms and conditions in the disclosures and the agreements governing my accounts as they may be amended from time to time. The disclosures are available at any branch. My use of the service will confirm that I have reviewed them and agree to be bound by their terms. I also agree that sufficient funds must be in my designated account(s) on the business day that a payment or transfer is scheduled to be issued. If a transaction overdraws my account and I have Overdraft Protection, I authorize Firstbank to make advances or transfers to cover the transaction.

Signature

Date

Signature

Date

Office Use Only			
Navigator Customer #: _____	Employee Initials: _____	Date: _____	
eStatement Account # _____ + AI Code _____	Employee Initials: _____	Date: _____	
eStatement Account # _____ + AI Code _____	Employee Initials: _____	Date: _____	

*Preceding zero's required on savings accounts