INTERNET BANKING

FMB NET Enrollment Form

Sign-up Rep:_____

Sign-up Date:_____

Branch:_____

Customer Information

Name:_____ **DOB:**_____

Address:_____ **Home Phone:**_____

City:_____ **Employer:**_____

State:_____ **Business Phone:**_____

Zip:_____ **Tax ID No.:**_____

SSN:_____ **E-Mail Address:**_____

Account Information

Account Type *(Checking, Savings, CD, Loan)*	**Account Number**	**Account Nickname** *(Tom's Checking, Household Acct., Susan's CD, Vacation Savings, Etc.)*

By signing below, I acknowledge that I have read, hereby accept and have received a copy of all agreements referenced in the Terms and Conditions of the FMB NET enrollment form.

Signature:_____ **Date:**_____

Bank Use Only:

Login ID#_____ Setup Date:_____