



# The Citizens Bank Online Banking Application

**A separate application must be completed for each individual requesting a NetTeller ID.**

Please list the following as it appears on your Bank Statement for the account(s) which you are requesting online services.

Name	SS#/TIN	DL#	____/____/____ Date of Birth
Address	City	State	Zip Code

If a Business, Primary Contact: \_\_\_\_\_

Primary E-Mail Address: \_\_\_\_\_

Please provide your mother's maiden name and a passphrase so that we can verify your identity in the event you need your PIN reset.

Mother's maiden name: \_\_\_\_\_  
NetTeller passphrase: \_\_\_\_\_

\_\_\_\_ Check here if you would like access to all accounts listed under your customer file.

If you do not want access to all accounts please list below the accounts that you wish to have access to. You must be a signor on the account. If additional accounts are needed please attach a separate sheet.

\_\_\_\_\_

I am applying to The Citizens Bank to establish Online Banking Services and if approved, I authorize The Citizens Bank to process transactions as requested and post them to the designated account(s). I agree that my first use of the Online Banking Service will signify my acceptance of the terms on the agreements that were provided when the account was opened. If any of the affected accounts are business accounts, I agree that the Bank is not responsible or liable for any unauthorized transfer from an account due to failure by me or any authorized person to maintain the security of the Online Banking ID and/or PIN. **If partnership, LLC, or Corporation, all parties listed on the appropriate resolution must sign below.**

Signature _____	Print Name _____	Date _____
Signature _____	Print Name _____	Date _____
Signature _____	Print Name _____	Date _____
Signature _____	Print Name _____	Date _____

**Online Bill Pay Option**  
Online Banking Bill Pay allows you to pay bills electronically using your computer. See the User Guide and Disclosure Statements for details.

\_\_\_\_ Yes, Sign me up for Bill Pay. This is a FREE service.      \_\_\_\_\_ Customers Initials

**Bank Use Only**

Accepted By: \_\_\_\_\_      CIF #: \_\_\_\_\_      Online Banking ID: \_\_\_\_\_

Input By: \_\_\_\_\_      Date: \_\_\_\_\_      Verified By: \_\_\_\_\_      Date: \_\_\_\_\_

Scanned By: \_\_\_\_\_      Scan Verification: \_\_\_\_\_