Community Bank®

INTERNET BANKING APPLICATION

Select One: _____ General Internet Banking

_____ Internet Banking with Bill Payment (A fee of $5.95 per month may apply)

Method for Receiving Online Banking ID: _____ US Mail _____ Email

Method for Receiving Statements: _____ Paper _____ Email

e-Statement Security Phrase: _____

Name on Account: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Social Security Number: _____ Email Address: _____

List all account numbers that you wish to access through Community Bank Internet Banking.
The Bill Payment feature is only available on Checking accounts due to regulatory withdrawal limitations on Money Market and Savings accounts.

Account Type 1 = Checking, Money Market 2 = Savings 3 = CD/IRA 4 = Loan	**Account Number**	**Bill Pay**	**Bank Use Only**
(Example) 1	12345	3	

I have read and agree to the terms and conditions set forth in the Internet Banking Agreement, Electronic Statements/Notices Delivery and Disclosures. I certify that I am authorized to sign on the accounts listed above. I understand that I will receive my User ID and password by US Mail or email, and will keep it confidential to protect all my accounts.

_____ _____

Customer Signature Date Customer Signature Date

FOR BANK USE ONLY

Date Received: _____ User ID: _____ I/D Password Mailed: _____

Processed By: _____ Password: _____ Received By: _____