



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 Method for Receiving Statements: _____ Paper
 _____ Email _____ 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
<i>(Example) 1</i>	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: _____