

Community Bank

INTERNET BANKING APPLICATION

Select One: _____ General Internet Banking
 _____ Internet Banking W/Bill Payment (Fee \$5.95 per month)

Method For Receiving Password: _____ US Mail
 _____ E-Mail

Name On Account:

Title: _____

Address _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Social Security Number: _____ E-Mail 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 2 = Savings 3 = CD/IRA 4 = Loan	Account No.	Bill Pay	Bank Use Only
(Example) 1	123456	3	

I have read and agree to the terms and conditions set forth in the Internet Banking Agreement and Disclosure. 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 e-mail, 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: _____

Approved By: _____

Processed By: _____

Password: _____

From: