Community Bank®

INTERNET BANKING APPLICATION

Select One: _____ General Internet Banking

_____ Internet Banking with bill payment (A fee $5.95 per month may apply)

Method for Receiving Password: _____ US Mail Method for receiving statements: _____Paper

_____ E-Mail _____E-mail

Name on Account:_____

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 Money Mkt.** **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 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: _____

Processed By: _____ Password: _____ Received by:_____

e-statement security phrase_____