

# PEOPLES SAVINGS BANK

Internet Banking Application

[www.peoples-savings-bank.com](http://www.peoples-savings-bank.com)

Date \_\_\_\_\_

I would like to sign up for Internet Banking Online Services

## Applicant Information

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_

SS# \_\_\_\_\_ DOB \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

Phone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

## Joint Owner Information

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_

SS# \_\_\_\_\_ DOB \_\_\_\_\_ E-mail \_\_\_\_\_

Account Numbers: \_\_\_\_\_

To confirm identity, if you call for help, provide a question we can ask you that only you could answer. (i.e. What is my dog's name?) Or Where was I born?)

Security Question: \_\_\_\_\_

Security Answer: \_\_\_\_\_

## Authorization:

By signing below, I/we am/are enrolling in Peoples Savings Bank's Internet Banking service(s) and: **(1)** I/we will be bound by the terms and conditions of Peoples Savings Bank's Depository Agreement which can change from time to time. **(2)** I/we understand that the passwords issued can be used to withdraw funds from the account(s) and that I/we must safeguard all passwords. I/we authorize Peoples Savings Bank and its agents to follow any instructions transmitted by use of these passwords, and agree to be bound thereby. **(3)** I/we authorize Peoples Savings Bank to disclose information about any of my Peoples Savings Bank accounts to third parties (including payees) in order to complete transactions using Internet banking. I/we also authorize my Payees to disclose to Peoples Savings Bank and/or its agents information regarding my account(s) with such Payees in order to complete transactions using Internet banking, including resolving questions regarding such transactions.

I/we, by signing below, certify that everything that has been in this application and on any attachments is correct and I am at least 13 years old. Peoples Savings Bank is authorized to retain this application whether or not it is approved. By completing and submitting this form, I/we accept the terms and agreements outlined in the Electronic Funds Transfer Disclosure. I/we understand that a user ID and temporary password will be issued to me/us within five days of receipt of this application. I/we must change the temporary password(s) to a private password(s) the first time I/we log on the Internet Banking System.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\* Please email form to [eDocs@peoples-savings-bank.com](mailto:eDocs@peoples-savings-bank.com). An employee of PSB will call you with log on instructions.\*\*

Positive ID \_\_\_\_\_ Employee Initials \_\_\_\_\_