

# Personal Online Banking Enrollment Form for Retail Online Banking (ROB)



110D

Prefix	
*First Name	
Middle Name or Initial	
*Last Name	
Suffix	
*Address	
*City, State, ZIP	
*Main Phone w/Area Code	
Work Phone w/Area Code	
*Social Security Number	
*Mother's Maiden Name	
*Date of Birth	
*Email Address	

\* Indicates Required Field

Initial Password: \_\_\_\_\_

Initials	I acknowledge receipt of Online Banking, Mobile Banking and EFT disclosures and agree to the terms and conditions described therein.
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TELLER STAMP

Prepared by (FFL Employee Name) \_\_\_\_\_

Access Manager Maintenance Completed by \_\_\_\_\_

To be checked off by FFL Rep

OFAC Checked	<input type="checkbox"/>
Entered in Access Manager	<input type="checkbox"/>
Welcome Packet	<input type="checkbox"/>
Maint. if Applicable	<input type="checkbox"/>