FARMERS STATE BANK

ONLINE BANKING ENROLLMENT FORM

HILLSBORO • UNION CENTER

LA FARGE • READSTOWN • WONEWOO

www.fsbhillsboro.com

LA FARGE • READSTOWN • WON	EVVOC			
Member FDIC	□ New Enrollment □ Update Current Enrollment			
Customer Information				
Name (First, M, Last):				
Business Name (if applicable)	:			
Address:				
City:	State:	Zip Cod	de:	
Social Security Number:				
Business Tax ID#:				
Home Phone:	Cell Phone: Work I		Work Phor	ne:
Email Address:				
List all account numbers and account	ount types to be accessed			
Account #	Account Type	Account #		Account Type
1.		5.		
2.		6.		
3.		7.		
4.		8.		
** 0.5.05.05.507.401.0				
** PLEASE SELECT YOUR	USER NAME:	/ N d i in i in a	f Characters	
**You must attempt to log into your	account with your usernam	•	f 5 Characters)	ldress you provided above
from noreply@ibtapps.com.	account with your usernam	e before a fillik will be	; sent to the eman au	aress you provided above
You will need to click the link within	the email to set up your pas	sword for your online	banking account. (N	Minimum 5 characters
including 1 uppercase, 1 lowercase,		•	,	
SERVICES REQUESTED				
☐ Online Banking ☐ Bi	Il Pay □ Mobile	Арр		
☐ Online Banking Stateme	nts ONLY (vou choose	not to receive a	paper copy of yo	ur statement)
In order to download the mobile app				· · · · · · · · · · · · · · · · · · ·
burgundy logo with a white lettering		. omare produce and se		
You understand by enrolling you will	-			
accounts at Farmers State Bank. Lim	nitations on frequency of trai	nsfers for certain type	es of accounts also ap	oply to computer transfers

By signing below, you agree to be bound by the rules regulating this account and any amendment to them. You are certifying that all information you have given is accurate. By signing below, you understand and agree to receive your bank statements electronically and will still receive hard copies unless bank is otherwise notified. If you wish to terminate Internet Service, please

notify us by calling or writing a letter. **DO NOT TELL ANYONE YOUR USER NAME OR PASSWORD**

Please return this enrollment form to us either by mail to: Farmers State Bank, P.O. Box 405, Hillsboro, WI 54634, or in person to any of our branch locations. If you have questions, please contact bookkeeping at 608-489-2621.

Authorized Signers Signature	Print Name of Signer	Date