

ONLINE BANKING SERVICE APPLICATION

Online User Information:

Name: _____

SSN: _____

Address: _____

C/S/Z _____

Email: _____

Phone: _____

Accounts to Access with Online Banking Service:

Online Banking Service Includes the Following Features:

Obtain Balance & Transaction History

Transfer Funds Between Accounts

View Current Check Images

View Current & Prior Statements

Secure Email Communication

Order Checks

Online Bill Payment System

Make Payments to GAB Loans

Special Instructions or Provisions: _____

Online User Authorization:

I, (named above), freely apply for this online banking service to be used in conjunction with the accounts listed above. I understand that this online banking service will be setup with the functions, features, and/or provisions indicated above as applicable and that my use of this service will be subject to the terms and conditions contained in the Online Service Agreement and any other applicable account disclosures and agreements. I authorize the Financial Institution to establish this service and personally assume full responsibility for any actions or outcomes resulting from the use of this service.

Signature: _____

Date: _____

Institution Use Only:

Application Accepted by: _____

Date: _____

Added to System by: _____

Date: _____

User ID Assigned: _____

Client Email Sent _____

Initial PIN Assigned: _____

Client Letter Sent _____