



# Online Banking Enrollment Form

\*indicates required fields

Name\* \_\_\_\_\_

Social Security Number \* \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number\* \_\_\_\_\_ Work Phone Number \_\_\_\_\_

E-Mail Address\* \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Branch Location \_\_\_\_\_

## Authorized Account Holder Signatures Required for Enrollment

Signature Name\* \_\_\_\_\_ Date\* \_\_\_\_\_

**Please print this form, sign it and mail or deliver to:**

**Farmers Bank of Green City**

**Attention: Online Banking Enrollment**

**PO Box 7**

**Green City, MO 63545**

BANK USE ONLY

Approved by \_\_\_\_\_

**FDIC**

Date \_\_\_\_\_