

First National Bank of Lacon

To sign up for Internet Banking, complete the application. Sign the form and send it to us via US mail, fax or hand deliver to the bank. Once the form is returned to us, you will receive an email within 48 hours containing your login ID and first time password.

Customer Information

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Social Security Number: _____ Phone: _____

Account Options

Internet Banking

Access account, balances, transfer money,
and conduct common banking tasks online.

Bill Payment

Pay bills online. Pay any individual or company.

Account Information

Account Number:	Access type:	Account Description:	Account Type:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Definitions of Access Types

- Full Access – You will have the full access available on this account.
- View & Deposit – You may view account information and transfer funds into this account.
- Deposit Only – You will be able to transfer funds into this account from other accounts with Full Access. You will not be able to view balance or transaction information.

Please Note: You must be authorized signer on each of these accounts.

Authorization and Signatures

I certify that everything I have stated in this application and on any attachments is correct. First National Bank of Lacon may keep this application whether or not it is approved. I request that First National Bank of Lacon issue a validated initial Password to me that, when used with my Login ID, will give me online (Internet) access to all my accounts. All instructions delivered by online access will be deemed to be my written authorization to charge or credit my accounts for transactions indicated. I acknowledge that the Bank is not responsible for transactions performed by unauthorized individuals using valid Login ID or Passwords, and that I am solely responsible for the safekeeping and distribution of the Login ID and Passwords. I will immediately notify the Bank if the confidentiality of my Login ID or Passwords are compromised. If I fail to notify the Bank of any unauthorized use within 30 days after the receipt of the account statement containing the unauthorized use, I agree to be liable for any subsequent unauthorized use that could have been prevented by timely notification to the Bank.

I acknowledge that the Bank is not responsible for any loss, injury, or damage, whether direct or indirect, special, or consequential, caused by Internet Banking or my use of Internet Banking. I agree to hold harmless and indemnify the Bank for any claims, demands, loss, or expense resulting, either directly or indirectly, from access gained to the accounts I own through the Internet Banking services of the Bank.

Applicant Signature: _____

Date: _____

Joint Applicant Signature: _____

Date: _____