

PERSONAL ONLINE BANKING APPLICATION

(All fields are required.) Please Type or Print. Please bring this completed form to your nearest MAZON STATE BANK branch or mail it to: **MAZON STATE BANK-OPERATIONS DEPT. PO Box 367, Mazon, Illinois 60444.**

(Each applicant must complete a separate application.)

Customer Name: _____ **Social Security Number** _____
Address: _____ **City** _____ **State** _____, **Zip** _____
Home Phone () _____ **Work ()** _____ **Cell()** _____
Employer: _____ **Work Number ()** _____
E-Mail Address: _____ **Date of Birth** _____

Security Questions

Due to growing concern over identity theft Mazon State Bank is taking additional measures to make sure your information is protected. Please answer at least TWO (2) security questions below, as we will use that information as an additional source to protect for your accounts:

1. What is was the name of your grade schools? _____
2. What is your favorite color? _____
3. What is your favorite pets name? _____
4. Optional question you would like us to use? Please fill in below
 Question _____
 Answer _____

Account Numbers you would like access to: _____

Do any of your accounts require 2 signatures for a transaction? Yes or No

Please list those accounts here: _____

I would like to receive my User Name and Password In Person U.S. Mail Phone The primary account that you listed above will be charged any fees that pertain to your Personal Online Banking account.

PLEASE READ BEFORE SIGNING:

I certify that the information provided is true and correct. I authorize Mazon State Bank to verify any information included in this application. Account access is limited to accounts on which I am a signer. The use of Mazon State Bank's E-Banking service shall be governed by the printed terms and conditions of the Personal Online Banking Agreement and Disclosure Statement, which are posted on the Mazon State Bank's website, www.mazonstatebank.com. I have read these terms and my signature below acknowledges my agreement to them.

Customer Printed Name _____

Signature _____ Date _____ Customer _____

FOR BANK USE ONLY

Date _____ Application received BY _____

Connect3 setup by (Full Name) _____ Date _____
Password setup by: Initialed: _____ Date: _____
Mailed / E-mailed User Name to Customer: Initialed: _____ Date: _____
Mailed / E-mailed Password to Customer: Initialed: _____ Date: _____
Security/CIS Information verified by _____ Date _____
Customer Portfolio Number _____ Name Line _____