



Online Banking Enrollment Form

This application is for first time users of Community Bank's (CB) **Online Banking** relating to **personal** accounts only. CB Online Banking Service requires version 10.0-11.0 of Microsoft Internet Explorer, 7.0 of Apple Inc. Safari, 37.0 of Google Chrome, or 32.0 of Mozilla Firefox. If your browser does not meet these requirements, you may be unable to access our Online Banking Service.

Part 1: Service Information

Please check the appropriate box below to indicate the type of Online Banking Service you want to use.

Service Name	Service Description	Cost	Service Name	Service Description	Cost
<input type="checkbox"/> Online Banking	-View Accounts -Transfer Funds -Bill Pay Access	-FREE -FREE -FREE	<input type="checkbox"/> Online Banking + Mobile Banking	-Online Banking -Mobile Banking Access -Text Banking -Mobile Check Deposit	-FREE -FREE -FREE -\$0.52/check or \$3.95/mo for 10 checks

Part 2: Account Holder Information

First Name, MI, Last Name: _____

Home Street Address: _____

City, State, Zip: _____

Date of Birth: _____

Social Security Number: _____

Mother's Maiden Last Name: _____

Mailing Address (if different than above): _____

City, State, Zip: _____

Home Ph. Number: _____ Cell Ph. Number: _____

Work Ph. Number: _____

E-mail Address: _____

Let's make it Happen.

Part 3: Designation of Accounts for CB’s Online Banking

- Please enter the accounts you wish to access through CB’s Online Banking Service. Note that you must be an Owner, or Authorized Signer, on each account listed.
- On checking accounts only, indicate if you want the Bill Pay feature.
- If you mark “yes” in the “Transfer Funds” column, please check the applicable box to indicate if you will be transferring funds “from” the account only, “to” the account only, or “both.” Refer to the chart below for funds transfer ability.

(Note: If this section is left **blank**, you will have access **to all of your accounts** at Community Bank with all capabilities)

Account Type	Account Number	Bill Pay (yes/no)	Transfer funds (yes/no)	From/ To / Both
_____	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> <input type="radio"/> <input type="radio"/>
_____	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> <input type="radio"/> <input type="radio"/>
_____	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> <input type="radio"/> <input type="radio"/>
_____	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> <input type="radio"/> <input type="radio"/>
_____	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> <input type="radio"/> <input type="radio"/>

Funds Transfer Ability by Account:

Transfers may be made to and from Checking accounts, Money Market accounts, and Savings accounts. Money Market and Savings accounts have limitations on withdrawals per banking regulations. A transfer may be made to a loan, but not from a loan. Transfers cannot be made involving Certificates of Deposits, IRA accounts, or Health Savings Accounts.

Part 4: Service Agreement

By signing below and submitting this form:

1. I acknowledge that I have read and understand the [Community Bank Consumer Online Banking Agreement and Disclosure Statement](#).
2. I also acknowledge that both the Agreement and the services may be amended from time to time by the Bank.
3. I understand that the User ID and password can be used to expend funds from the account and this information must be safeguarded. I authorize the Bank, and its agents, to follow any instructions transmitted by the use of these codes, and I agree to be bound thereby.
4. I authorize the Bank to disclose information about my checking account to third parties, including Payees, in order to complete transactions using the Online Banking Service and for any other purpose indicated in the Agreement. I also authorize my Payees to disclose to the Bank, and its agents, information regarding my account(s) with such Payees in order to complete transactions using the Online Banking services, including to resolve questions regarding such transactions.

For signature verification purposes, our institution will not accept a completed application via e-mail. You may return your application to your nearest location or mail to: **Community Bank, 5431 SW 29th St, Topeka, KS 66614**. After we receive your signed application, we will set up all necessary accounts on the system and will mail you a User ID and password that will allow you to access your account information. If you have any questions, please contact us at (785) 440-4400 or by e-mail at communitybank@communitybanktopeka.com.

Account Holder Signature: X _____

Date: _____