

CONSUMER
ONLINE BANKING/BILL PAY

Online Banking:

Account Holder Information: _____ Date: _____

Customer Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

SSN or Taxpayer ID: _____ Birthday: _____

Mother's Maiden Name: _____

E-Mail Address: _____

User ID: _____ (must be at least 6 characters)

Temporary Password: Your Date of Birth MM*DD*YYYY

Please List The Account Number And Type Of Account That You Would Like To Access Through Internet Banking.

Acct# _____ Acct Type: _____

Acct# _____ Acct Type: _____

Acct# _____ Acct Type: _____

Acct# _____ Acct Type: _____

Acct# _____ Acct Type: _____

Note: Federal Regulations Allow Only Six (6) Transfers Or Withdrawals Per Calendar Month From Savings Accounts.

Customer Signature _____

Optional Bill Pay: Enroll in Bill Pay – Yes _____ No _____

Account Number From Which Bills Will Be Paid: _____

In Addition To The Account Access I Have Indicated Above, I Would Also Like The Bank To Provide Bill Pay. I Authorize First Freedom Bank To Debit My Account For Any Payments I Direct To Be Made Through The Bill Payment Service. I Agree To Pay A Monthly Fee Of \$6.00 Per Month Up To 15 Transactions And \$0.45 Per Transaction After 15 Within A Month, Unless The Account Is Net Checking.

ACCOUNT OWNER SIGNATURE

DATE

Bank Use Only:

Date Received _____ Employee Signature _____

Date Setup in OLB _____ Setup By: _____