

Internet Banking Enrollment Additional Accounts & Services

Bank Name: _____

Name(s) on Account: _____

Phone Number: () - _____ Work Number: () - _____

Social Security Number: _____ e-mail _____

Log-in ID _____

Please list additional account numbers you wish to access and the type of access (NOTE: If you have a joint account, both enrollees must be authorized per account for Internet access otherwise a separate authorization form may be necessary.):

Account Number	Type*	Access*
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type*--Checking, Savings, CD, Loan **Access**--FULL** means the user has complete access to the account, **VIEW ONLY** means the user may only view the account history, **DEPOSIT ONLY**--means the user may only deposit to the account, **VIEW AND DEPOSIT** means the user may view history and deposit to the account.

Additional Requested Banking Services:

Internet Banking allows access to account balances, transfer funds, and conduct common banking tasks online. This service is not subject to a fee; however, other disclosed service charges apply.

Free Bill Payment with e-Statement allows access to pay bills online to individuals or companies and provides an electronic version of your bank account statement and images. You may receive Free Bill Payment for the following account type: _____

E-Statement provides an electronic version of your bank account statement and images.

E-Statement Permanent Password _____

Customer can choose a password between 4-8 characters or it can be assigned.

Bill Payment 90 Day Free Trial. Account to be charged a \$6.95 monthly fee which may be adjusted at the discretion of the bank for UNLIMITED transactions. _____

e-Cash Management is designed to allow access to business accounts to transact banking tasks to include Bill Payment and other automated functions. This service is subject to a fee. (The current service fee for e-Cash Management is \$19.95 per month, which may be adjusted at the discretion of the bank, for UNLIMITED transactions.) If you wish to enroll for e-Cash Management, please indicate the checking account you wish to have charged for the monthly service fee: _____

Supervisor Name _____ Log-in ID _____ Signature _____

User Name _____ Log-in ID _____ Signature _____

User Name _____ Log-in ID _____ Signature _____

User Name _____ Log-in ID _____ Signature _____

SIGNATURE(S) ARE REQUIRED FOR ENROLLMENT: I, the undersigned, hereby consent to allow the following named individual(s) to access my account(s) listed above under the Log-in ID, which is listed above. Such individuals shall have all rights and privileges associated with such Log-in ID, which may include the right to transfer account balances and pay bills.

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____

Application Taken By: _____ For Internal Use Only

Log-In ID: _____ Input By: _____ Date: _____ Verified By: _____ Date: _____

e-statement Password: _____ JHA Statement Cycle Verified By: _____ Date: _____

e-Statement Maintenance By: _____ CSPI: _____ Syntel: _____