



Tompkins State Bank

APPLICATION FOR INTERNET BANKING

To enroll for Personal Internet Banking service, please complete and sign this application and return it to the bank.

We must receive this signed application before we can process your request.

Social Security number (of first name on account) _____

Name _____
Please print

E-Mail Address _____
Please print

If you are not the first name on the account and you are considered as a Co-Owner, Affiliate, Authorized Signer or Power of Attorney, please circle the type of relationship and complete the following.

**Co-Owner
Attorney**

Affiliate

Authorized Signer

Power of

Secondary Relationship's Social Security Number _____

Name _____
Please print

E-Mail Address _____
Please print

By signing below, I am applying for Personal Internet Banking service. I authorize Tompkins State Bank to charge my account for any chargeable transactions made through use of the Internet Banking service, including the amount of any recurring payment or transfer that I make. I agree that sufficient funds must be available in my account on the date I schedule payments or transfers to be made using the Internet Banking service. I acknowledge receipt of the Internet Banking Agreement, I understand the terms and conditions set forth therein, and agree to be bound by them.

Owner Signature _____ Date _____

Secondary Relationship's Signature _____ Date _____

Return this application **in person** to the Bank.

Please list the account numbers of which you are considered to be an Owner, Co-Owner,

Affiliate, Authorized Signer or Power of Attorney. If the account is not listed below you will not be able to have access through Internet Banking.

Account Information

ACCOUNT NUMBER TO BE ADDED	NAME ON ACCOUNT	TYPE	ADD
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For “Type,” please use C=Checking, S=Savings, MM=Money Market, N=Now Account (Interest Bearing Checking), CD=Certificate of Deposit, IRA=Individual Retirement Account, and L=Loan.

Security Information

In the event that you should lose or forget your password for Internet Banking, the following information will be used to contact you and confirm your identity when requesting a new password.

Name: _____
Please Print

Address: _____
Street City State Zip Code

Social Security #: _____

Date of Birth: _____

Home Phone #: _____ Work Phone #: _____

Please answer **at least two** of the following questions. The answers you provide will be required when requesting a new password. If you lose, forget or suspect that some one else has gained access to your password and online account please call and notify us immediately at 309-465-3834.

1. What city were you born in?

2. What is your Father's middle name?

3. What is your Pet's name?

4. What is your favorite sports team?

5. What was the name of your Elementary School?
