



220 E. 5th Street • PO Box 178 • Canton, SD • 57013 • Phone: 605-987-2671 • Fax: 605-987-5853

ONLINE BANKING APPLICATION FORM

Customer Name _____

Address _____

City, State, ZIP _____

Phone _____

Social Security _____

Mother's Maiden Name _____

E-mail address _____

I would like the following accounts accessible through FSB Online Banking.

Account # _____

Account # _____

Account # _____

Account # _____

Account # _____

Account # _____

Account # _____

PLEASE READ THE FOLLOWING AND SIGN BELOW.

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT. I AUTHORIZE FARMERS STATE BANK TO VERIFY ANY INFORMATION ON THIS FORM. I UNDERSTAND THAT I WILL HAVE ACCESS TO ONLY THE ACCOUNTS LISTED ABOVE AND ANY ACCOUNT THAT I OPEN IN THE FUTURE WILL NOT BE ACCESSIBLE UNLESS I NOTIFY FARMERS STATE BANK

The undersigned agrees to the terms stated above.

Account Holder Signature _____ Date _____

Joint Account Holder Signature _____ Date _____