



Online Banking Application

(One form per person)

Applicant Name: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Email Address: _____

ONLINE ENROLLMENT

Authorized Signature of PSBT Online Banking Applicant

By signing below, the undersigned requests the described services and agrees to be bound by the terms and conditions covered in the PSBT Online Customer Agreement displayed upon initial log-in.

Applicant Signature: _____

Date: _____

BILL PAY ENROLLMENT

Authorized Signature of PSBT Online Bill Pay Applicant

By signing below, I authorize Peoples Security Bank and Trust Company (PSBT) to post payment transactions generated through PSBT Online Bill Pay to the account(s) I designate. If at any time I decide to discontinue service, I will provide written notification to PSBT. I understand that my initial use of any PSBT Online Banking Service in connection with my account(s) at PSBT constitutes my acceptance and agreement to be bound by all of the terms and conditions covered in the PSBT Online Customer Agreement displayed upon log-in.

Applicant Signature: _____

Date: _____

BANK USE ONLY	
Branch/Department:	_____
Employee Name:	_____
CIF:	_____
Date:	_____