

Internet Banking Enrollment/Modification Form

(Please provide all requested information)

Return to Farmers State Bank of Hoffman

P.O. Box 245
Hoffman, MN 56339
Fax: 320-986-2444

Applicant Information

Full Name:				Social Security	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		
Address:					
City:		State		Zip Code:	
Phone:		Cell Phone:		E-mail Address:	

Please list any account(s) you **want to appear** on the internet and/or if you prefer different access rights other than full access.

Account Information

Account Number(s)	Access Type *		
		<input type="checkbox"/> Add	<input type="checkbox"/> Delete
		<input type="checkbox"/> Add	<input type="checkbox"/> Delete
		<input type="checkbox"/> Add	<input type="checkbox"/> Delete

***Access type** refers to how you would like your account to function: **Full Access, View & Deposit, or View only.**

Full Access allows the user to transfer and deposit money between your FSB checking and savings accounts.

View & Deposit only allows the user to view transactions and accept deposit transfers from a full access account.

View only allows the user to only view transactions history, moneys can not move in or out of the account.

Yes No **I would like all future accounts to appear on my Internet Banking system.**

_____ I understand that I may incur charges by my cell phone carrier by using certain features included with my internet banking account.

By signing, I hereby authorize Farmers State Bank of Hoffman to issue a Login ID and temporary Password. I realize that this Password must be changed upon my first entry into the Internet Banking System. I understand that the use of this service is subject to the terms and conditions contained in the Internet Banking Agreement. (Minors must have their cosigner sign below. Their signature will acknowledge their acceptance for allowing the minor on the Farmers State Bank Internet Banking System)

Signature: _____ Date: _____

Signature: _____ Date: _____

Bank Use Only	Date Received:	Input By:
Login:	Password:	
Given in Person <input type="checkbox"/>	Letter <input type="checkbox"/>	Date Letter Sent :
Verified by:	Date Verified :	

Corporate Authorization Internet Banking Enrollment/Modification Form

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Address:					
City:		State		Zip Code:	
Phone:		Cell Phone:		E-mail Address:	

Please list any account(s) you **want to appear** on the internet and/or if you prefer different access rights other than full access.

Account Information

Account Number(s)	Access Type *	Account Access (Name, Title)*		
			<input type="checkbox"/> Add	<input type="checkbox"/> Delete
			<input type="checkbox"/> Add	<input type="checkbox"/> Delete
			<input type="checkbox"/> Add	<input type="checkbox"/> Delete

***Access type** refers to how you would like your account to function: **Full Access, View & Deposit, or View only.**

***Account Access** - You must be a signer on the account(s) to access business account(s) via the system. You must be a signer on the account(s) to grant access to others who do not sign on the account(s).

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Authorized Account Signature: _____ Title: _____ Date: _____

Authorized Signature: _____ Title: _____ Date: _____

Bank Use Only	Date Received:	Input By:
Login:	Password:	
Given in Person <input type="checkbox"/>	Letter <input type="checkbox"/>	Date Letter Sent :
Verified by:	Date Verified :	