

Internet Banking Enrollment/Modification Form

--Please provide all requested information--
and 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:	

Any accounts in which you are currently a primary or secondary owner and/or may be in the future will appear only by written request with full access on the Internet Banking System.

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
		<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.

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 any accounts I currently have, or acquire in the future, will appear on the Internet Banking System with full access only by written request. 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 :		