

FARMERS STATE BANK

ONLINE BANKING/MOBILE APPLICATION

Customer Name-

Address-

City State ZIP-

Social Security-

Email Address-

Cell Phone#-

Home Phone#-

DOB-

ACCOUNT # _____

ACCOUNT # _____

ACCOUNT # _____

ACCOUNT # _____

ACCOUNT# _____

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT. I AUTHORIZE FARMERS STATE BANK TO VERIFY ANY INFORMATION PROVIDED 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.

SIGN _____ DATE- _____