



Customer Information File Number

(Entered by Bank Clerk)

1stOnline Internet Banking Enrollment Form

Internet Banking
Standard Features: Account Viewing, Balance Reporting, Check Images, Secure E-mail and Statements.
Optional Features:
<input type="checkbox"/> Bill Payment
<input type="checkbox"/> Internal Transfers
<input type="checkbox"/> Loan Payments
<input type="checkbox"/> Stop Payments

Customer Information

Please enter all information in BLOCK letters

PERSONAL INFORMATION			
Customer Name:		Phone:	
Address:		City, State & ZIP:	
SSN #:		E-Mail Address:	
NIC #:			
BUSINESS INFORMATION			
Primary Business Name:		Phone:	
Address:		Fax:	
City, State & ZIP:		NIC #:	

Account Management

ACCOUNT NUMBER	ACCOUNT TYPE: CHECKING/SAVINGS /LOAN/FIXED DEPOSIT/CREDIT CARD	BRANCH	VIEW ONLY View balances and statements/cannot perform any transactions.	VIEW/DEPOSIT View balances and statements/ability to deposit funds only.	FULL Internal transfer access/ perform granted Cash Management functions.
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bill Payment Management

(Optional)

Please enter all Billing Information accurately

CHARGEABLE BANK ACCOUNT NUMBER	UTILITY COMPANY/PROVIDER	UTILITY ACCOUNT NUMBER	UTILITY CUSTOMER NAME

Special Instructions

(Please state below any special request you may require on your account)

Notes:

Authorization and Agreement

By signing below, I hereby apply for **1stOnline** Internet Banking Service and authorize you and your agents and assigns to provide the Service for the **1st National Bank St. Lucia Limited** accounts designated. I understand that the use of the Service is subject to the terms and conditions (including those applicable to electronic fund transfers subject to Regulations of the Eastern Caribbean Central Bank) contained in: (a) the Internet Banking Service Agreement ("the Agreement") which I may access when I log onto the Service, and (b) your general disclosure for personal and business accounts which I received when I opened my account(s). I acknowledge and agree that using, or permitting another person to use, the Service confirms the terms and conditions set forth in the Agreement.

I must indicate when I wish to cancel the Service by written notice. Non-usage of the Service for **three (3) months** may result in suspension of the Service (**Inactive status**) and will not have any access to the service. I agree that at any time after a period of non-use, you may discontinue the Service and/or any waiver of charges that ordinarily apply to this or any other services provided by you. If my Service is discontinued, pending payments and recurring payments that have not been sent will be canceled.

I hereby certify that all statements in this application are true and complete and are made for the purpose of obtaining the Service; authorize you to obtain such information as you may require concerning the statements herein; agree that this application shall remain your property; and acknowledge my responsibility to inform you of any change in name, address, or employment within a reasonable time.

CUSTOMER'S AUTHORIZED SIGNATURE:	DATE:
APPROVING BANK OFFICER'S SIGNATURE:	DATE:
ONLINE SET UP (ENTRY OFFICER) COMPLETED BY:	DATE:
ONLINE SET UP REVIEWED BY:	DATE:
ID AND PASSWORD INFORMATION EMAILED BY:	DATE:

Account Access Information

(To be completed by Online Banking Officer)

ONLINE BANKING USER ID:		PIN:	
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