F&M Farmers & Merchants SavingsBank

Since 1901

APPLICATION FOR INTERNET BANKING

To enroll for Internet Banking service, please print this page and complete the requested information. When you have completed the application, please return it to Farmers and Merchants Savings Bank. **We must receive this signed application before we can process your request.**

Customer Name: _____

Social Security Number: _____

Address: _____

_____

E-mail Address: _____

ACCOUNT # TO BE ADDED	AFFILIATES NAME & SSN (if account is titled with a different name listed first other than above)	ACCOUNT TYPE (checking/savings/loan/cd)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Customer Signature: _____ Date: _____

Please return this application by mail or in person to Farmers and Merchants Savings Bank.