

Please bring this completed form to either State Bank of Herscher location or mail it to: STATE BANK OF HERSCHER – INTERNET BANKING, PO BOX 68 Herscher, Illinois 60941.

Each applicant must complete a separate application.		All fields ar	e required.	Please Print
Customer Name:		_ Social Security	Number:	
Address:	City:		State:	Zip:
Home Phone: ( )	Work: (	)	Cell: (	)
Employer:	E-	Mail Address: _		

### **SECURITY QUESTIONS:**

Due to growing concern over identity the is protected. Please provide us with the fo		8	5	
	ou need to complete onl		radditional source to protect	
What is your mother's maiden nam	ne?		OR	
Where were you born?				
What is your favorite pets name? _			OR	
Optional question you would like u	is to use			
	& Answer:			
Requested User Name (if available				
Account Numbers you would like access to:  ALL  Only Listed Accounts #				
I would like to receive my User Name	e and Password by:	e- mail or	Postal Mail	

# PLEASE READ BEFORE SIGNING:

I certify that the information provided is true and correct. I authorize State Bank of Herscher to verify any information included in this application. Account access is limited to accounts on which I am a signer. The use of State Bank of Herscher's E-Banking service shall be governed by the printed terms and conditions of the Personal Online Banking Agreement and Disclosure Statement, which are posted on the State Bank of Herscher's website, www.sbherscher.com. I have read these terms and my signature below acknowledges my agreement to them.

## **Customer Signature:**

#### **Signature Date:**

#### FOR BANK USE ONLY

Application received by:	Date
Connect3 setup by (Full Name):	Date
Password setup by: Initialed:	Date:
Mailed / E-mailed User Name to Customer: Initialed:	Date:
Mailed / E-mailed Password to Customer: Initialed:	Date:
Letter sent to home:	Date:
Security/verified by:	Date: