

Date:

ONLINE BANKING APPLICATION

CUSTOMER INFORMATION

Primary Name: _____
 Secondary Name: _____
 Address: _____
 City/St/ZIP: _____
 Phone: _____
 SS#: _____
 Email: _____

Business Name: _____
 Contact Name: _____

Please list the accounts you wish to access through online banking.

Account Number

1. _____ 4. _____
 2. _____ 5. _____
 3. _____ 6. _____

Account to be used for Bill Pay charges: _____

Select the Services you are applying for:

_____ Online Banking (NetTeller) - a free service
 _____ Bill Pay - a service fee may apply after first 90 days
 (see schedule of fees and charges).

I/We have read and accept all of the terms and conditions set forth in the Online Banking Agreement and Disclosure, and, if applicable, the Electronic Bill Pay Disclosure and Authorization, which are incorporated herein by reference.

To Complete the application process, please:

Return the application to any Branch of First Mountain Bank, or mail the completed application to: First Mountain Bank, PO Box 6868, Big Bear Lake, California 92315.

_____ SIGNATURE	_____ DATE	_____ SIGNATURE	_____ DATE
_____ PRINT NAME/TITLE		_____ PRINT NAME/TITLE	

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 Internal Bank Use:
 Accounts Verified: _____ Set-up Completed By: _____
 Date: _____ ID# _____ (REV) 6/20/2011