



State Bank of Bement

eTouch24 Enrollment Form

CUSTOMER INFORMATION

Name: _____ New User: ____ Existing User: ____

Address: _____ TIN/SSN: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Birthday: _____

Primary Contact for Account(s): _____

Email Address: _____

REQUESTED SERVICE

____ Account Access (history/transfers) _____ Bill Payment

ACCOUNT INFORMATION

Please list all accounts below that you wish to view.

Account Number(s)

Acct. Type

You will have full access to the accounts listed below and will be able to view transactions, transfer to and from any account listed and pay bills from any account listed below.

C=Checking
S=Savings
L=Loan
T=CD/IRA

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

See Reverse for Required Signature

By signing below I acknowledge that I hereby: (1) consent to receive electronically all Electronic Funds Disclosures; (2) acknowledge that I have received, read and agree to the terms, conditions and fees set out in the State Bank of Bement Online Banking Agreement and Electronic Funds Transfer Disclosure ("The Agreement"); (3) agree that the "Agreement", as amended from time to time according to its terms, will govern all transactions involving the Online Banking and Bill Payment Service; (4) agree the State Bank of Bement may communicate to me any notices of change in terms of Agreement and all disclosures required by law via email or by posting on the Bank's website at www.bankbement.com; (5) agree to notify State Bank of Bement of any changes to my email address; (6) authorize the State Bank of Bement to issue a login ID and a temporary password on my behalf, which I will be forced to change to a private password for the first time I log into the system; (7) understand that account security and access is controlled by my Login ID and password and that I should control its security and use; (8) authorize the State Bank of Bement to honor all transactions using my Login ID and passwords; (9) consent to receive other communications from State Bank of Bement electronically. To opt-out of receiving other communications from us electronically, please see the Email Opt-In/Opt-Out Form.

Applicant's Signature: _____ Date: _____

Account Owner's Signature: _____ Date: _____

Joint Owner's Signature: _____ Date: _____

FOR BANK USE:

Date received _____

By _____

Log In _____

Password _____

Comments _____