

INTERNET BANKING ENROLLMENT FORM

The information received on this Internet Banking Enrollment form will be used exclusively to process the application for Internet Banking Enrollment. Please refer to the Security & Privacy Statement for further information on privacy.

Attention: Printed enrollment form must be signed at a Peoples National Bank branch, with an employee to bear witness.

Please Note: Due to security reasons, you must login to your Internet Banking every 60 days. If you fail to do so, your user will be automatically removed from our Internet banking System.

Peoples National Bank
P.O. Box 517
Niceville, FL 32588-0517
Phone: (850) 678-3110
Fax: (850) 678-1712

OWNERSHIP INFORMATION

Personal

Commercial

FirstName _____

LastName _____

E-mail Address _____

Social Security # _____

Street Address _____

City, State _____

Zip- Plus 4 _____

Home Phone Number _____

Account Access _____

(History/Transfers)

BillPayer _____

(Service Fee included)

Account Number

Account Type

Account to be debited for monthly charges and Bill Payer fees.

Account Number

Account Type

By signing below, I agree to accept disclosure notices electronically.
By signing below, I authorize and direct Peoples National Bank to set up the following accounts for the Funds Transfer/Bill Payer features on Peoples National Bank's Internet Banking System.

First Account holder's signature:

X _____

Second Account holder's signature:

X _____

For Bank Use Only

Date Received:

User ID:

Approved:

ID/Password Mailed:

Processed by: