# Internet Banking Customer Application

**One name per application.**

Last Name/ Business Name | First Name | Middle Initial | SSN/Tax ID#

Current Address | City | State | Zip Code

Home Phone | Business Phone | E-mail Address

LIST BELOW ALL ACCOUNTS THAT YOU ARE AN AUTHORIZED SIGNER ON AND WOULD LIKE TO BE ABLE TO ACCESS. WE WILL NOT RELEASE ANY OF YOUR ACCOUNT NUMBERS OVER THE INTERNET.

☐ Please allow access to all of my accounts
or
☐ List below specific account descriptions for access

Account Name _____ Account # _____
Account Name _____ Account # _____
Account Name _____ Account # _____
Account Name _____ Account # _____
Account Name _____ Account # _____
Account Name _____ Account # _____

**Please Read Before Signing**

I certify that the information provided is true and correct. I authorize Greenville National Bank to verify information included in this application and allow access to all the accounts I may be a signer on listed above. The use of On-line banking shall be governed by the terms and conditions or amendments thereto, as may be established by Greenville National Bank.

**Greenville National Bank Internet Banking Privacy Statement**

Greenville National Bank is committed to you, our valued customer; we understand the importance of protecting our customer's privacy and others who visit our web site. Greenville National Bank is committed to securing information that may personally identify you in the on-line environment.

**The Undersigned has read and agrees to the terms and conditions stated above.**

**Signature** _____ **Date** _____

☐ I do not wish to have access to Bill Payment.

Internet Banking Sign-On information will be sent to you by mail.

**FOR BANK USE:**

**INITIALS** _____ **DATE** _____ **ID#** _____

Please mail, fax or drop off at:
Greenville National Bank
446 South Broadway
P.O. Box 190
Greenville, Ohio 45331
Fax: 937-548-0650

FDIC