

**The BANK Of SALEM
INTERNET BANKING ENROLLMENT FORM**

First Name _____ Middle Initial _____ Last Name _____

Mailing Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____

Email Address _____

Date of Birth _____ Mother's Maiden Name _____

Primary Account # with the Bank of Salem- _____
(Checking, Savings, CD or Loan Acct #)

DISCLOSURES

You must be an owner or co-owner of an account to access account information online.

Use of your Access ID and Password is the agreed upon security procedure to access and use Internet Banking Services, including online transfers. In order to prevent unauthorized access to your accounts, you agree, by using Internet Banking, to keep confidential and to not give or make available your Access ID or Password to any person not authorized to access your accounts. If you permit any other person(s) or entity to use your online account information by giving them your Access ID or Password, you are responsible for any transactions and activities they authorize from your account(s).

Deliver the completed Enrollment Form in person or by mail to any Bank of Salem location. If received by mail, we will mail you the information necessary to log in to Internet Banking as a First Time User.

Account Holder Signature: _____

Date: _____

Internet Banking Access Agreement received- _____
Initials

Bank Use Only

Accepted By: _____ Date: _____
Internet Banking Access Agreement mailed- _____
Initials