

HORATIO STATE BANK
PO BOX 347
HORATIO, AR 71842
870-832-2501

INTERNET BANKING ENROLLMENT FORM

To enroll for Internet Banking Service, please complete and sign this form and return to the bank in person or by mail.

****We must receive this signed form before we can process your request****

Name: _____

Address: _____

Phone: _____

Social Security Number: _____

By signing below, I am requesting enrollment for Internet Banking Service. I authorize you to charge my account for any transactions made through the use of the Internet Banking Service, including the amount of any recurring payment or transfer I make. I agree that sufficient funds must be available in my account on the date I schedule payments or transfers to be made using the Internet Banking Service. I acknowledge receipt of the Internet Banking Agreement and Disclosure, that I understand the terms and conditions set forth therein, and agree to be bound by them.

Signature _____

For Bank Use Only:

Enrollment form received by/on _____/_____

Letter given/mailed by _____/_____

Customer Activation by _____/_____