

**HORATIO STATE BANK**

PO Box 347  
Horatio, Arkansas 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: \_\_\_\_\_

List Accounts you are requesting access to:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\*\*If more space is needed list on back

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 that 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 \_\_\_\_\_ / \_\_\_\_\_

Account Verification by/on \_\_\_\_\_ / \_\_\_\_\_ Letter given/mailed by/on \_\_\_\_\_ / \_\_\_\_\_

Customer Activation by/on \_\_\_\_\_ / \_\_\_\_\_