

MEADE COUNTY BANK ON-LINE BANKING APPLICATION-PERSONAL

__ **New User *** or __ **Maintenance***

A. Primary Customer Information

Name*: _____ *TIN/SSN: _____
 Name: (if joint application) _____ TIN/SSN: _____
 Address*: _____ Phone*: _____
 City*: _____ State*: _____ Zip*: _____
 E-mail Address*: _____ Validation Code/word*: _____

B. Service Requested*

__ Account Access (history/transfers) or __ Bill Payment (Bill Payment service will be disabled after 90 days of inactivity)

C. Account Information*

(P) Indicates Primary Checking Account from which charges you incur will be debited

Type: CH = Checking SAV=Savings Passbook L=R/E, C/L, I/L Loans HE=Home Equity

IRA and CD are view only (V)

Flag: D = Deposit & View Only F = Full Rights V = View Only; NO transfers permitted

Account #	(P)	Account Title	Type	Flag
1.		_____	_____	_____
2.		_____	_____	_____
3.		_____	_____	_____
4.		_____	_____	_____
5.		_____	_____	_____
6.		_____	_____	_____

D. Additional Customer Information

List all users you authorize to use ONLINE BANKING and the authority flag you desire. ALL is appropriate if you will have full privileges on all accounts. Also list a Validation code/word for password resets.

Name _____	SSN _____	Acct# _____	Flag _____	Auth. _____
	Code _____	Initial Password _____		
Name _____	SSN _____	Acct# _____	Flag _____	Auth. _____
	Code _____	Initial Password _____		
Name _____	SSN _____	Acct# _____	Flag _____	Auth. _____
	Code _____	Initial Password _____		

SIGNATURES: By signing below, I/we authorize Meade County Bank to issue a temporary password on my behalf that I will be prompted to change to a private password the first time I log in to the system.

Signature* _____ Date _____ Initial Password* _____

Signature _____ Date _____ Initial Password _____

Bank Use Only: *These fields are REQUIRED for processing.

Employee Signature* _____ Date _____

Branch*:
 __ Main Office __ Muldraugh __ River Ridge