

Lakeview Bank
ONLINE BANKING (eBanking) APPLICATION (Personal)

I. Applicant Information

Full Name: _____

II. Joint Applicant Information (if applicable)

Full Name: _____

Relationship to Applicant: _____

III. Account Information

List all accounts **on which you are an authorized signer** that you would like to be able to access online (continue on Page 2 if additional lines are required).

(a) Reference Number	(b) Account Number	(c) Account Type (checking, savings, mms, cd, odp, loan)	(d) Account Description (e.g. Personal Checking)	(e) Request Transfers FROM this Account TO the Following Account(s) (use reference numbers from column a) (*):	(f) Request Bill Payment on this Account (**)	(g) For Bank Use: Initials/Date of Subsequent Modifications
1						
2						
3						
4						
5						
6						

Note: (*) all transfer functionality is subject to bank approval and as per account ownership. () Bill Payment service is not available on Savings, Money Market Savings, Certificates or Loan accounts.**

IV. Login Information

Lakeview eBanking I.D. (assigned by bank personnel): _____

Your initial **password** will be the last 4 digits of the applicant's social security number. The system will require you to change it the first time you login, and at least every 90 days thereafter. Your new **password** must be 7-8 characters and contain alpha and numeric characters. Password requirements are subject to change.

V. Agreement

By signing below, I request to be enrolled in Lakeview Bank's eBanking Online Banking Service. I certify that the above information is true and correct. I authorize Lakeview Bank to verify any information included in this enrollment form, and allow Internet access only to the accounts that I am a signer on. The use of Lakeview Bank's eBanking service shall be governed by the terms and conditions contained in the Lakeview Bank eBanking Online Banking Agreement and such other terms and conditions or amendments thereto as may be established by Lakeview Bank and communicated in writing to me. I understand that account security is controlled by the eBanking I.D. and Password. I will protect my eBanking I.D. and Password and hold the bank harmless from any unauthorized use or from any use by individuals with whom I have shared my login information.

Applicant Signature: _____ Date: _____

Joint Applicant Signature: _____ Date: _____

VII. For Bank Use Only

Application Received by _____ on _____.

Deposit/Loan Review Completed by _____ on _____.

NetTeller User Setup Completed by _____ on _____.

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VIII. Additional Account Information

List any additional accounts on which you are an authorized signor on and would like to be able to access online.

(a) Reference Number	(b) Account Number	(c) Account Type (checking, savings, mms, cd, loan)	(d) Account Description (e.g. Personal Checking)	(e) Request Transfers FROM this Account TO the Following Account(s) (use reference numbers from column a):	(f) Request Bill Payment on this Account	(g) For Bank Use: Initials/Date of Subsequent Modifications
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Note: all transfer functionality is subject to bank approval and as per account ownership. Bill Payment service is not available on Savings, Money Market Savings, Certificates or Loan accounts.