First National Bank of Waynesboro Online Banking Application $_{\rm MEMBER\;FDIC}$

	_	Ü	type of Online Banking service requested:				
	Onlin	e Banking OR	Online Banking with Online Bill Payment				
	NOTE: Must be a First National Bank of address below.	Waynesboro custo	mer to apply. Please print, complete, sign and return, in person, to	o the			
		n account owne	er or signer on the accounts that will be accessed thr be the same and match the individual(s) listed below				
	Name – Primary Account Owner/Signer		Name – Joint Account Owner/Signer	_			
	Address:						
	Contact number:						
	Social Security number:						
	1		Number for each account that will be accessed using have the same ownership as the individuals(s) indica				
	1. Checking Savings Account #:	Loan	3. Checking Savings Loan				
	Account #.		Account #:				
	2. Checking Savings	Loan	4. Checking Savings Loan				
	Account #:		Account #:				
	Please indicate which checking acc *You are charged \$0.50 per check if you exc		charged for the Online Bill Payment transactions.				
	Accoun						
	ONLINE BA	ANKING TERMS	S AND CONDITIONS AGREEMENT				
Bill Payment S agree to abide	Service and accept such Online Banking Term	s and Conditions A . I/We hereby auth	d Conditions Agreement" for First National Bank Online Bankin Agreement. By using the online financial services provided by Finorize First National Bank to charge the primary account indicated tions Agreement	rst National Bank, I/We			
Signature-P	rimary Account Owner/Signer	Date	Signature - Joint Account Owner/Signer	Date			
		Return	application to:				
	Fi		Bank of Waynesboro				
			nking Department				
			iberty Street ooro, GA 30830				
		,, aynest	010, 011 00000				

Bank Use Only								
Date Rec	TB User Code	Port#	Date Processed	Processed By				