

**24 HOUR ONLINE BANKING
PERSONAL ENROLLMENT FORM**
www.hiawatha-nb.com



Customer Information			
Name (First, M, Last):			
Second Name on Account:			
Address:			
City:	State:	Zip Code:	
First Name Social Security Number:		Date of Birth:	
Second Social Security Number:		Date of Birth:	
Mother's Maiden Name of first Name on Account			
Home Phone:		Work Phone:	
Email Address:			
List all account numbers and account types to be accessed:			
Account #	Account Type	Account #	Account Type
1.		5.	
2.		6.	
3.		7.	
4.		8.	
<p>You understand by enrolling you will be able to access the above accounts at Hiawatha National Bank and transfer funds between like accounts at Hiawatha National Bank. Limitations on frequency of transfers on MMDA apply to computer transfers.</p> <p>By signing below, you agree to be bound by the rules regulating this account and any amendment to them. You are certifying that all information you have given us is accurate. If you do not use our internet banking service for a six month period your account may be blocked and internet access terminated. By signing below you understand and agree to receive statements electronically and will not receive hard copies. If you wish to terminate internet service, please notify us by calling or writing a letter.</p> <p>Please return this enrollment form to us either by mail to one of the addresses listed below, or in person. You will receive your temporary password by mail and your access ID by e-mail.. DO NOT tell anyone your User Name or password.</p>			
Please note: If this is a joint account you must BOTH sign below**			
Authorized Signers Signature	Print Name of signer	Date	
1.			
2.			
One signature on Joint Accounts is NOT acceptable			
Internal Bank Use Only		Port Number/Name Line:	
Signature verified by:		Temporary password:	
Input by:		Access ID:	
E-mail or Mail Date:		Date Input:	