

**LINDALE STATE BANK – ONLINE BANKING
APPLICATION FORM**

NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 DAY PHONE: _____ EVENING PHONE: _____
 EMAIL ADDRESS: _____

Lindale State Bank web site is located @ www.lindalestatebank.com

ACCOUNT NUMBER	TYPE OF ACCOUNT (i.e., checking, savings, time deposit, loan)	DESCRIPTION ON INTERNET (Pseudo Name ex. "Mary's Checking Account", maximum of 20 characters)	ACCESS LEVEL*

*You may elect to have Full Access (FA), which allows you to make transfers from your account to other authorized LSB accounts or View only (VO), which allows you to view all of your account information online without the transfer capability.

_____ **Bill Payer Service** – There is an Electronic List of vendors on the **BILL PAY** > **Payees** > **Add Payee** Menu to whom you can make electronic payments. The payments must be ordered three (3) business days prior to the due date. You may also make payments to vendors that are not on the Electronic List, and the system will process the payment and issue a check to the vendor. **The check will be sent to the vendor and the funds will not be disbursed out of your account until the vendor presents the check for payment.** The payments must be ordered 5-7 business days prior to the due date. There is a minimum monthly fee of \$4.95 for the Bill Payer Service, which includes fifteen free transactions. Transactions in excess of the initial fifteen will be charged at a rate of \$.50 per transaction. Please initial above if you desire this service. All Standard bank charges for Lindale State Bank services apply.

I am an authorized account holder of the above accounts and hereby authorize Lindale State Bank to set up the above referenced account(s) on Online Banking. **I agree that is my responsibility to change my initial Online Banking PASSWORD to my own unique PASSWORD. I agree that I have full responsibility for the confidentiality of my PASSWORD and Lindale State Bank is not responsible for transactions or information resulting from the use of the PASSWORD.**

_____ Date
 _____ Customer Signature

For Bank Use Only:
****CIF Number (required to process application)** _____
Initial Online Banking ID or Alias (customer's 12-digit numeric account number) _____

New Accounts/Customer Service:
 Employee initials _____
 (3 initials required)
 Signature verified _____ Date verified _____
 (Employee's initials)

Technology Department:
 Application Processed by: _____
 Date: _____