

# Farmers Deposit Bank Personal Online Banking Enrollment

To enroll for Farmers Deposit Bank online banking services, please complete this enrollment form online, print, sign, and return to us via:

fax@ ((502) 845-5695)  
or in person at any of our locations

*On joint accounts, each signer must submit a separate application.*

## Customer Information

*Please type or print*

*Full Name	<input type="text"/>				
*Address	<input type="text"/>				
*Address	<input type="text"/>				
*City	<input type="text"/>	*State	<input type="text"/>	*Zip	<input type="text"/>
*Daytime phone	<input type="text"/>				
Evening phone	<input type="text"/>				
Mobile phone	<input type="text"/>				
*email address	<input type="text"/>				
*Date of Birth	<input type="text"/>				
Drivers License Number	<input type="text"/>				
*Social Security Number	<input type="text"/>				
*Account Number	<input type="text"/>				

\* indicates a required field

**For security and identification purposes please complete one of the following:**

*City of Birth	<input type="text"/>
*County of Birth	<input type="text"/>
*Mother's Maiden Name	<input type="text"/>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing or submitting this form, I acknowledge that I have read and agree to the terms and conditions and I authorize (Bank Name) to issue a temporary password on my behalf, which I must change to a private password of my choosing the first time I log in to (Bank Name) Online Banking.*