



# Online Banking Enrollment Form

Please print this form, fill in the information and sign the form. You can drop this form off at the Peoples Bank location nearest to you, or mail to:

Peoples Bank  
P.O. Box 158  
Rock Valley, IA 51247

Name \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Please mark one of the following options.

- Include all accounts under my social security number.
- Include all accounts under my social security number AND the accounts I have listed below.
- Do NOT include all of my accounts. Instead include ONLY the accounts I have listed below.

The following information is required only if option 2 or 3 above has been selected.

Account Type	Account Number

By signing this application and using Peoples Online Banking, I agree to the terms and conditions of the Peoples Online Banking Agreement which can be found online at [www.peoples-ebank.com](http://www.peoples-ebank.com) or provided to me in writing at my request.

\_\_\_\_\_  
(Applicant Signature) / Date

\_\_\_\_\_  
(Co-applicant Signature) / Date

