



**APPLICATION FOR ONLINE BANKING AND BILL PAY SERVICE**

APPLICANT'S FULL NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FULL STREET ADDRESS: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

You may request access to any of your accounts as long as you are an owner and a current signer. Accounts that require more than one signature for withdrawal will not be designated. Joint accounts will require each signer to apply for their own User ID and Password. We will not pass account numbers over the internet. We will identify your account by using a description you have selected.

Please list the account numbers you wish to access and select a description for each account. Descriptions may have up to 20 characters, which include blanks. Do not repeat descriptions or use special characters. Examples of descriptions include, checking, savings, car loan, etc.

**NOTE:** Bills can only be paid from Checking Accounts

<u>Account Number</u>	<u>Account Description</u>	<u>Bill Pay?</u>
<u>1.</u>	_____	<u>Y / N</u>
<u>2.</u>	_____	<u>Y / N</u>
<u>3.</u>	_____	<u>Y / N</u>
<u>4.</u>	_____	<u>Y / N</u>
<u>5.</u>	_____	<u>Y / N</u>

Please indicate additional accounts on reverse side.

I certify that the information provided is true and correct. I authorize Riverside Bank of Central Florida to verify any information in this application. I have been provided a copy of the Riverside Bank of Central Florida's Online Banking and Bill Pay Agreement and Disclosure. The use of Online Banking shall be governed by the terms and conditions stated in the Agreement and such other terms and conditions or amendments thereto, as may be established by Riverside Bank of Central Florida. I agree to the terms and conditions of the agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For Internal Use Only		
Accepted by: _____ Signature	_____ Print Name	Ext: _____
Net Teller ID: _____	Date Created: _____	Reviewer Initials _____