FIRST BANK
*Serving You First*

For Bank Use Only:

| |
|---|
| CIF#: |
| Sent By: |
| Date: |

# Money Connection Online™

P.O. Box 837, Waverly, IA 50677

## Customer Information:

Date:

| | | | |
|---|---|---|---|
| Applicant Name: | | | |
| Mailing Address: | City: | State: | Zip Code: |
| Telephone Number: | E-Mail Address: | | |

☐ Enroll me in E-statements

## List accounts below you want to enroll for Money Connection Online

| Account Number | Account Description (No punctuation marks or symbols, only 19 characters long) | Account Type (Bank use only -- D, S, T, O, L, B) |
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PLEASE READ BEFORE SIGNING:

I certify that the information provided is true and correct. I authorize First Bank to verify any information included in this application and allow access to all the accounts I may be a signer on listed above. The use of First Bank's Money Connection Online shall be governed by the printed terms and conditions of the MONEY CONNECTION ONLINE AGREEMENT and ELECTRONIC STATEMENT AGREEMENT AND DISCLOSURES and such other terms and conditions or amendments thereto, as may be established by First Bank and communicated to me in writing.

The undersigned agrees to the same terms stated above.

X_____ _____

Applicant Signature Date