

# INTERNET - ONLINE BANKING SETUP REQUEST

PLEASE PRINT CLEARLY:

FIRST NAME

M. INITIAL

LAST NAME

STREET ADDRESS

CITY

STATE/ZIP

HOME PHONE

WORK PHONE

E-MAIL

DATE OF BIRTH

SOCIAL SECURITY #

MOTHER'S MAIDEN NAME

**Access:** you must choose an Access ID to log onto Internet Banking. If the Access ID you choose is unavailable, one will be assigned to you. Access ID's are required to be 6 to 16 characters in length. You must choose at least 1 alpha and 1 numeric character. All alpha letters must be lower case.

**First Preference:** \_\_\_\_\_

**I will be assigned a temporary Password that I will be required to change on my first log-in. All account transactions are subject to First Federal's "Terms and Conditions" governing Internet Banking and Internet Bill Pay. I will immediately notify the bank if the confidentiality of my Access ID or Password is compromised.**

## **INTERNET – ONLINE BANKING AGREEMENT & DISCLOSURE**

I hereby acknowledge that I have received a copy of the **Internet - Online Banking Agreement & Disclosure**. I agree to the terms, applicable fees, and conditions as set forth.

Signature

Date

RETURN ORIGINAL SIGNED FORM TO:  
FIRST FEDERAL S&L ASSOCIATION OF GREENE COUNTY  
ATTN: ONLINE BANKING  
25 EAST HIGH STREET  
WAYNESBURG, PA 15370

For Bank Use Only:

Date Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

Detach and Return This Form