

GLASFORD BANK



Klick Internet Banking

<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>	<i>SSN/Tax ID #</i>
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Day Phone</i>	<i>Evening Phone</i>	<i>Date of Birth</i>	<i>Email Address</i>

<i>Account Number</i>	<i>Account Type</i> <small>(ex. Checking, Savings, Loan)</small>

<i>Choose access desired:</i> _____ <i>Basic</i> _____ <i>Bill Pay</i>
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Verification Question _____

Answer _____

Authorized Account Holder Signatures) Required for Enrollment:

I, the undersigned, hereby consent to allow the following named individual(s) to access my account(s) listed above. Such individual(s) shall have the rights and privileges associated with such login ID, which may include the right to transfer account balances and pay bills.

Date _____ Printed Name _____ Signature _____

Printed Name _____ Signature _____

Please print this form, sign it and mail or deliver to:

**Glasford Bank
Attn: Internet Banking Enrollment
P.O. Box 500
305 E. Main Street
Glasford, IL 61533**

BANK USE ONLY

Approved by _____

Date _____



ID # _____