

First State Bank of Porter
APPLICATION FOR ONLINE BANKING

Print - Complete & Sign - Return to Porter Bank

APPLICANT INFORMATION:

Acct. Numbers: _____

Name: _____

E-Mail Address: _____

Home Phone Number: _____

Social Security Number: _____

Date of Birth: _____

CO-APPLICANT INFORMATION

Name: _____

E-Mail Address: _____

Home Phone Number: _____

Social Security Number: _____

Date of Birth: _____

Signatures: By signing below, the undersigned requests the described services and agrees to the terms and conditions governing these services, including any fees and charges. The undersigned agrees that all information is accurate and authorizes the financial institution to verify credit history by any necessary means, including preparation of a credit report by a credit reporting agency. The undersigned further states they have read and accepted the Terms and Conditions contained in the online banking registration, including the Regulation E disclosure.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

Mail: 230 Lincoln St, Porter IN 46304
Fax: 219-929-4680
Email: support@porterstatebank.com