

FIRST CLICK ACCOUNT # _____

FIRST STATE BANK APPLICATION FOR FIRST CLICK ONLINE & MOBILE BANKING

This application is for only one customer. Owners of joint accounts or accounts with multiple authorized signers must complete an individual application for each owner or authorized signer. After approval of the application each owner or authorized signer will be provided with their own individual First Click account, which can be accessed with their individual user ID and password. If your First Click account is not accessed for 90 consecutive days it will be subject to closure.

CONSUMER

- € Online/Mobile Banking with Bill Pay & Mobile Deposit (Full Capabilities for Consumer Customers)
- € Remove account(s) from my First Click Account
- € Add account(s) to my First Click Account

NON-CONSUMER

- € Online/Mobile Banking with Bill Pay (Full Capabilities for Non-Consumer Customers)
- € Remove account(s) from my First Click Account
- € Add account(s) to my First Click Account

ACCOUNT NUMBER(s): _____

List all accounts you want to have access to using Online Banking. (In order to have access to an account you must be an owner of the account, an existing authorized signer, or have the account owner(s) or an authorized representative (for non-consumer customers) complete the authorization form below.)

APPLICANT

First Name _____ Middle Initial _____ Last Name _____
 Address _____ City _____ State _____ Zip _____
 Social Security or EIN Number _____ Date of Birth ____/____/____
 Home or Business Phone # (____) ____-____ Cell Phone # (____) ____-____ Email Address _____

By signing below, I certify that I have read and agree to the terms and conditions of this application and certify that I am an owner or authorized signer for all the account(s) listed above. I acknowledge that I will receive my user ID and password or personal identification number (PIN) by mail and agree to keep them confidential to protect all my account information.

APPLICANT'S SIGNATURE _____ **DATE** _____

AUTHORIZATION AGREEMENT

In order to protect the non-public personal information of our customers, if the applicant is requesting access to an individual account, joint account, or non-consumer account of which they are not one of the account owners, this Authorization Agreement must be signed by **ALL** the account owners for personal accounts or an authorized signer for a non-consumer account, before the applicant can gain access to the account(s).

I/We _____ (Account Owner(s)/Authorized Signer) agree to authorize _____ (Applicant) to access the following account(s) _____ using their Online Banking account with the following restrictions: (Check only one Box)

CONSUMER

- € **View Only** – The applicant will only be authorized to obtain balance information and withdrawals, deposit, and transaction history.
- € **Internal Transfers Only** – The applicant will only be authorized to complete transfers to another account at the same bank or to the bank itself this includes all view only capabilities.
- € **No Restrictions (Full Capabilities)** – The applicant will be able to complete all the types of transfers available through First Click Online, this will include the bill pay function, mobile banking & mobile deposit.

NON-CONSUMER

- € **View Only** – The applicant will only be authorized to obtain balance information and withdrawals, deposit, and transaction history.
- € **Internal Transfers Only** – The applicant will only be authorized to complete transfers to another account at the same bank or to the bank itself this includes all view only capabilities.
- € **No Restrictions (Full Capabilities)** – The applicant will be able to complete all the types of transfers available to non-consumer customers through First Click Online, this will include the bill pay function & mobile banking.

By signing below, I/We certify that I/We have read and agree to the terms and conditions of this authorization agreement and certify that I/We are an owner or authorized signer for all the account(s) listed in this authorization agreement. I/We acknowledge and agree to allow the applicant to access the account(s) listed in this authorization agreement according to the above restrictions.

ACCOUNT OWNER(S)/AUTHORIZED SIGNER SIGNATURE _____ **DATE** _____

Deliver to:
 FIRST STATE BANK
 19230 ST RT 136
 WINCHESTER, OH 45697

Date Received _____
 Approved By _____
 Date Processed _____

Employee Initials ____/____
 Processed By _____