

BATH STATE BANK ONLINE BANKING APPLICATION

As easy as 1-2-3!

Please print with blue or black ink.

1

Name

Social Security #

First

Middle

Last

Business Name (if applicable)

Date of Birth

Address

Street

City

State

Zip

Email Address

Daytime Phone #

Evening Phone #

This email address will replace the email address that we have on file for you.

2

Please check one

You will be able to view all accounts in which you are primary or joint owner, including: checking, savings, certificates of deposit, loans, IRAs

Bank by Mouse Online Banking

Bank by Mouse with Bill Pay (which includes Online Banking)

Please write down a question and an answer that is unique to you. In the event we need to identify you as the account holder, we will ask you your security question and you will need to respond with the answer you provided. This process will provide us with true authentication. Please do not share the question and answer with anyone.

Security Question _____

Answer to Security Question _____

3

Bank by Mouse/Bill Pay Enrollment Form

By submitting and signing this application to Bath State Bank: (1) I will be bound by the terms and conditions of Bath State Bank's (hereinafter Bank) Depository agreement which may be amended at the Bank's discretion. (2) I understand that the password can be used to withdraw funds from the account and that I must safeguard this code. I understand that I remain responsible for all activity on my account(s.) I also understand that I am responsible for any negative or overdraft balance that may occur from withdrawals or transfers made involving my accounts. All terms and conditions that were disclosed to me when I opened my account continue to apply. I also agree to hold the Bank harmless from any and all costs, suits, expenses, liabilities, damages and attorney's fees arising from or to the Bank acting in good faith in accordance with instructions of information that was sent electronically by myself or authorized person(s) acting on my behalf. (3) I authorize the Bank to disclose information about my account to third parties in order to complete transactions using Bill Pay. I also authorize my payees to disclose to the Bank and its agents information regarding my account with such payee in order to complete transactions using Bill Pay, including resolving questions regarding such transactions. (4) I agree that the Bank will not be liable to me if any unauthorized person intercepts electronic communications between myself and the Bank. (5) I must promptly report in writing any errors in connection with any Bank by Mouse and /or Bill Pay service and any discrepancy between my records of orders and any request. (6) I understand that the Bank will use the above e-mail address to periodically inform me of important Bank information. (7) I understand that the Bank will use reasonable efforts to ensure payments reach creditors on time, but cannot guarantee the time a payment will be posted by a creditor, and further agree that the Bank is not liable for any service charges levied against me by my creditors. (8) I agree that the Bank reserves the right to change fees and charges with advance notification. I understand that all services accessed through Bank by Mouse are provided free of charge. (9) If I fail to use my Bank by Mouse services for 180 days, my account will become dormant. Re-activation of my account will require the completion of a new Bank by Mouse application form. (10) If I fail to use my Bill Pay services for 180 days, the Bank will automatically remove service for this product as well. Re-activation of my Bill Pay account will require the completion of a new Bill Pay application.

By signing below, I agree to the terms and conditions contained in this enrollment form. I also acknowledge that I have reviewed the Bath State Bank Online Banking Agreement & Electronic Funds Transfer Act Disclosure that has been provided to me.

Applicant's Signature

Date

FOR BANK USE ONLY:

ID# _____

LOC: Y N

Pr _____

Int _____

Loan Officer _____