CITIZENS BANK
View Checks and Account Statements Online Enrollment Form

Prerequisite for enrollment must include Internet connection and a qualifying Citizens Bank account. To enroll print this form, complete and sign. You may either take the form to one of our branches, fax it to Attn: Internet Banking (615)-329-4843, or mail to Attn: iBanking Department P.O. Box 190596, Nashville, TN 37219-0596. Please allow 2 to 5 business days for set up. You should receive an email consisting of an initial user name, password and instructions on changing your password. Once you login using your assigned password the system will immediately prompt you to change your password.

For enrollment please complete the information requested below

Account Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business / Other Phone: _____

Email Address: _____

Social Security Number/Tax Identification Number: _____

Password Hint: _____
(Hint will be emailed you to if you forget the password you created)

Enter the Account Numbers for the accounts you wish to view online and assign an custom account name. e.g. Primary Checking, Household Account, Primary Savings etc. (Account Type must be Checking, Savings or Money Market) Use additional forms for additional accounts.

Account Number	Account Type	Your custom name for the account
_____	_____	_____
_____	_____	_____
_____	_____	_____

Acknowledgment:

By signing this agreement, I acknowledge that I have read and agree with Citizens Bank's Internet Banking Agreement and disclosure on the bank's website. I hereby authorize Citizens Bank to set up the above-referenced accounts to enable me to view the cancelled checks and statements within the past 90 days. I understand that once I have been granted access to the above-referenced account statements, I will no longer receive a statement via USPS mail and it is my responsibility to check the accuracy and report any discrepancies within 60 days of the statement being available via the Internet. All authorized signers on an account must sign a copy of this form, attach additional forms if necessary. All signers must be authorized signers for each account listed.

Please check one: **_ ACCEPT** **_ DECLINE** **Date: _____**

Authorized Signer: _____/_____
Print Full Name Signature

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Print Full Name Signature