

METUCHEN SAVINGS BANK
Consumer ONLINE BANKING Application

ONLINE BANKING - CUSTOMER INFORMATION:

Name

SSN

Street Address

City/State/ZIP

Home Telephone No.

Business Telephone No.

Mother's Maiden Name (for security verification)

JOINT OWNER INFORMATION (if applicable):

Name

SSN

Street Address

City/State/ZIP

Home Telephone No.

Business Telephone No.

Mother's Maiden Name (for security verification)

ACCOUNT INFORMATION (Only accounts listed below will be accessible thru Online Banking):

Checking No.:	___ Joint	___ Bill Pay
Checking No.:	___ Joint	___ Bill Pay
Statement Sav No.:	___ Joint	
Other Account No.:	___ Joint	_____ Type
Other Account No.:	___ Joint	_____ Type
Loan No.:	___ Joint	_____ Type

AUTHORIZATION:

We/I am applying to subscribe to Online Banking services and authorize Metuchen Savings Bank and any third party acting on the Bank's behalf, to serve as my agent in processing payments to targeted accounts pursuant to my payment and transfer instructions and; I authorize the Bank to post such payments and/or transfers to my designated account(s). I understand that we/I may not make certain payments and/or transfers if sufficient funds are not available in our/my designated account. This authorization is in force until revoked by us/me, or the Bank, in writing and is subject to the Service Terms and Conditions disclosure which was provided to us/me at the time of this application.

Signature / Date

Signature* / Date *Required if Joint Account(s)

For help in completing this form, call the Customer Service Help Line 1-888-675-2269.

<u>BANK USE ONLY</u>	Record #:
Application Date:	Setup Date:
Verified By:	Setup By: