

ONLINE BANKING SERVICE APPLICATION

Account Holder:

Financial Institution:

The First National Bank of McConnelsville
McConnelsville Office
P.O. Box 208
86 N. Kennebec Avenue
McConnelsville, OH 43756-0208

ONLINE BANKING AUTHORIZED USERS

Customer Name: _____ SSN: _____

Customer Name: _____ SSN: _____

Address: _____

Home Phone: _____ Work Phone: _____

ACCOUNT INFORMATION AND INSTRUCTIONS

Account(s) to Access with Online Banking Service:

The Online Banking Service may be setup/enabled with the following features:

Transfer Funds Between Eligible Accts.	Obtain Balance Info. on Eligible Accts.
Review Transactions on Eligible Accts.	Make Loan Payments
Stop Payment Requests	Online Bill Payment
Obtain Copy of Statement	Order Checks

Requested Services/Electronic Mail Notification

I request NetTeller Online Banking.
 Yes, I request PowerPay (Bill Pay) for Checking Acct # _____ .
 Yes, I wish to receive correspondence regarding amendments or changes to NetTeller and PowerPay services by e-mail.
 No, I do not wish to receive correspondence regarding amendments or changes to NetTeller or PowerPay by e-mail.

BUSINESS TYPE

Sole Proprietorship Partnership Limited Liability Partnership
 Unincorporated Association Limited Liability Company Corporation

BUSINESS/ASSOCIATION/CLUB RESOLUTION

A current resolution must be on file at First National Bank.

Yes, a copy of the resolution is on file.

BUSINESS/ASSOCIATION/CLUB AGENT TRANSACTIONS (To be completed by the Business Owner)

Please check if you want First National Bank to allow;

File Downloads (ex. statements)
 Full Access, no limits.

BUSINESS/ASSOCIATION/CLUB AUTHORIZATION

I, the business owner/officer, authorize the agent listed to execute transactions on behalf of the company/association/club including but not limited to any PowerPay electronic payments. I understand that this online banking service will be setup, pursuant to my instruction with the functions, features and/or additional provisions that I have indicated above and that their use of this service will be subject to the terms and conditions contained in the Online Banking Agreement. Unless the Bank receives written notice from me, I authorize the Bank to honor and execute any transactions conducted by this agent. The Bank shall be indemnified and held harmless from any loss suffered or any liability incurred from the use of this account by a company agent or representative.

X _____

**ONLINE BANKING SERVICE APPLICATION
(Continued)**

Business/Association/Club Owner/Officer	Title	Date
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I, the business/association/club agent/officer, am applying for the online banking service to be used in conjunction with the accounts listed above. I understand that this online banking service will be setup (pursuant to the business owner/appointed authorized officer) with the functions, features and/or additional provisions indicated above and that my use of this service will be subject to the terms and conditions contained in the Online Banking Agreement. I authorize the Bank to make any investigations of my credit either directly or through any agency. I understand that the Bank will retain this application and any credit information, even if I am not approved for this online banking service.

X _____
Agent Signature Title Date

Special Instructions or Provisions: _____

AUTHORIZATION

I/We (the Account Holder(s)) apply for the online banking service to be used in conjunction with the accounts listed above. I/We understand that this online banking service will be setup (pursuant to my/our instructions) with the functions, features, and/or additional provisions indicated above and that my/our use of this service will be subject to the terms and conditions contained in the On Line Banking Agreement (s). I/We authorize the Financial Institution to make any investigation of my/our credit either directly or through any agency. I/We understand that the Financial Institution will retain this application and any credit information, even if I/we am/are not approved for this online banking service. I agree not to use this service in any illegal activity.

ACCOUNT HOLDER:

X _____ X _____
Authorized Signer Date Authorized Signer Date

FOR INSTITUTION USE ONLY

Date Taken: _____	By: _____
Date Approved: _____	By: _____
Login Name Assigned _____	
Login Name Assigned _____	
Data Entry Date: _____	By: _____