



## ONLINE BANKING SERVICE APPLICATION

Please print, complete then deliver this application to one of our branch locations, or mail to:

Crossroads Bank  
1205 N Cass St  
PO Box 259  
Wabash IN 46992

Upon receipt of this application, a representative will respond by email to eligible applicants with login instructions. Please ensure that the information you provide is fully completed and accurate as it will be used to verify your identity. Feel free to contact us at 260-563-3185 or internetbanking@crossroadsbanking.com with your questions.

### **AUTHORIZED USER INFORMATION**

Name _____	Email _____
Address _____	Phone _____
City, St Zip _____	Mobile Phone _____
Social Security Number _____	Date of Birth _____
Mother's Maiden Name _____	

### **ACCOUNT INFORMATION**

Checking Account Number/s _____
Savings or CD Account Number/s _____
Loan Number/s _____

### **AUTHORIZATION**

I (the Account Holder/s) apply for the online banking service to be used in conjunction with the accounts listed above. I understand that this online banking service will be set up (pursuant to my instructions) 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 this application as well as the Agreement and Disclosure presented upon login. I authorize Crossroads Bank to make any investigation of my credit either directly or through any agency. I understand that the Crossroads Bank will retain this application and any credit information, even if I am not approved for this online banking service. I agree not to use this service in any illegal activity.

Signature _____	Date _____
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