CORNERSTONE BANK

e-Bank*Link* & e-*Statement* Enrollment Form and Agreement

Applicant		
Security and Access		
SSN/TID Number *(Primary Account Holder)*	**Mother's Maiden Name** *(For Security)*	**Date of Birth**
Personal Information	***(Must be valid U.S. address and telephone numbers)***	
First Name	**Middle Initial**	**Last Name**
Business Name		
Address		
City	**State**	**Zip Code**
Daytime Telephone Number	**Evening Telephone Number**	**Fax Number**
Email Address:	**e-Bank*Link* only** ☐	**Both Services** ☐
	e-Bill*Pay* ☐	

Account Information		
Please list all account numbers by type that you would like access to on-line. e-*Statement* will only apply to Checking & Savings Accounts		
Checking	**Savings**	**Certificates of Deposit**
	Credit Cards	**Loans**
My first use of the service signifies that I have read and accepted all of the terms and conditions of the Agreement.		
Applicant Signature:	**Applicant Signature:**	**Date:**
Internal Use Only: Form Date: 6/8/01	Accepted By:	Date: