FSB

First State Bank

FSB Online Banking Enrollment Form

Last Name:_____ First Name:_____ Middle Initial:_____

Business Name (if applicable):_____

SSN# _____ TAX ID # _____

Address:_____

City:_____ State:_____ Zip:_____

Home Telephone:_____ Work Telephone:_____

E-mail address:_____

Accounts you would like to view: Your user code will be set-up using the account that you list below as account #1.

1)	2)
3)	4)

For security purposes, please provide a question that generally only you could answer. (For example: "What is my dog's name? Or "Where was I born?") You will be asked this question when you call for FSB Online Banking help.

Security Question:_____

Security Answer: _____

Which browser do you use for Internet Viewing:
❑ Internet Explorer   ❑ Netscape Navigator   ❑ Other _____
Browser version number? (i.e. 5.0, 6.0)_____

Please enter below a temporary password to be used. Passwords must include 2 numeric and 2 alpha characters, with a minimum length of 8 alphanumeric characters and max of 18. If you need your password reset in the future, this is what it will be reset to. When you log for the first time, you will be forced to change this password.
        example: "usa07041776".

Temporary Password: _____

I have read and understand the FSB Online Banking agreement, am at least 18-years of age and agree to the terms.

_____
Signature
- -
For Bank use only
Portfolio #: _____
Name Line: 01 _____ 02 _____ Other _____
Account Cycle: _____
Activation Date: _____
Initial User Code: _____

First State Bank
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