

Online Banking Services Application

After completing the application, please print, sign in the area provided, and deliver the application to the nearest branch location or mail or fax to City Bank and Trust Co. 1135 Main Ave, PO Box 288, Crete, NE 68333. (Fax # 402-826-5311).

I. CUSTOMER INFORMATION

Name	SSN	Date of Birth	Mother's Maiden Name
Address	City	State	Zip
Home Telephone (include area code)	Work Telephone (include Area Code)		
Cell Phone (include area code)	E-mail Address		

Personal Identification Number (PIN)

Each individual who will have access to Online Banking account information must designate a 4-digit Personal Identification Number (PIN). To select your PIN, enter four numbers below. This number belongs to you and is the key to the security of your accounts. This 4-digit PIN will allow first-time access to the software so you may create your Password (8-17 characters).

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_
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PIN

II. ACCOUNT INFORMATION

Please list your primary account and any additional accounts (Checking, Money Market, Savings, CD, IRA, and Loans) that you would like online banking access to through City Bank.

Please note: You must be an owner or authorized signer on these accounts.

<p>Primary Account #</p> <p><u>1</u> _____</p>	<p>Checking, Money Market, Savings, CD, IRA, Loan</p> <p>(Please circle account type)</p>
<p>Additional Account #</p> <p><u>2</u> _____</p> <p><u>3</u> _____</p> <p><u>4</u> _____</p> <p><u>5</u> _____</p>	<p>Additional Account #</p> <p><u>6</u> _____</p> <p><u>7</u> _____</p> <p><u>8</u> _____</p> <p><u>9</u> _____</p>

III. AUTHORIZATION IS REQUIRED BELOW

Under penalty of perjury, I hereby certify to be an owner or authorized signer or agent on each of the accounts listed above.

X _____
Customer Signature Date



For Bank Use Only	Name
Portfolio #	Verified By
Date Received	