



Online Banking Application

- New Application
- Application Modification

3110 Alma Highway, P.O. Box 469, Van Buren, AR 72957-0469
@cbankandtrust.com

Online Banking Account

Upon completion of this application, please sign in the signature space provided and deliver it to one of our convenient locations or mail to: Citizens Bank & Trust Company, eBanking Department, P.O. 469, Van Buren, AR 72957. If the Bank accepts your application, we will provide you with an Online / Mobile Banking ID and a temporary PIN (Personal Identification Number). The first time that you access your account, you will be required to change your PIN Number.

It is your responsibility to protect your PIN number.

This application provides access to the accounts listed below on an individual basis only. Each account holder requesting access to Online Banking @cbankandtrust.com must complete an application.

Customer Name: _____	Primary Checking Account: _____
Mailing Address: _____	Soc. Sec. # or Tax ID: _____
City, State & Zip Code: _____	Customer Date of Birth: _____
E-Mail Address: _____	

Requested Services: (Please check the appropriate boxes below.)

ONLINE / MOBILE BANKING

Access your account balances, transfer funds between accounts** make Citizens Bank & Trust Company loan payments, and view history. The Bank will only execute requested transactions during normal processing hours.

OnlineBanking@cbankandtrust.com is a free service to our customers. However, all other applicable transaction fees for your account may apply. You are responsible for any and all Internet Service Provider, Cell Phone, or Access Provider charges. Savings withdrawals are governed by Federal Regulations.

Should you wish to restrict the availability to transfer funds** between your accounts at the Bank, please check here

**** "Transfer Funds Services" ARE NOT available for Certificates of Deposit, IRA's, and Safe deposit Boxes or accounts that require 2 signatures.**

ACCOUNT ACCESS INFORMATION:

If you wish access to **ALL** accounts, both current and future, on which you are Primary or Joint Owner, please check here. **Otherwise**, please list below the accounts to which you wish to have access. *(Please use reverse or another sheet for additional space as needed.)*

Account Number	Type of Account	Online Banking Account Description (Maximum 20 characters)

*** **Types of Accounts** that are available for access: Checking, Savings, Certificates of Deposits, IRA, Loans, Safe Deposit Boxes

eSTATEMENTS AND NOTICES

Please list below the accounts that you want to receive eStatements and Notices.

Account Number	Online Pseudo Name

By completing, signing and returning this application, I hereby state that I have received, read, understand and agree to the Attached Service Agreement and Disclosure of Citizens Bank & Trust Company. I also agree to the terms and conditions of Citizens Bank & Trust Company's Online Bill Payment Agreement (if applicable). Failure to honor there Agreements may result in the termination of these services by the Bank. I hereby state that the information I have supplied is accurate. I also hereby authorize the Bank to verify said information, as well as my credit history, by any necessary means, including obtaining a credit report from a credit reporting agency.

_____ (Applicant Signature) _____ (Date) _____ (Daytime Phone Number)

Internal Bank Use Only:
 Net Teller ID: _____ CIF Key: _____ Date: _____ Entered By: _____