

The Home Trust & Savings Bank
Electronic Banking Enrollment Form

Primary Account Owner's Name: _____

Social Security Number: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Primary Phone: _____

E-Mail: _____

Secondary Account Owner's Name: _____

Social Security Number: _____ Date of Birth: _____

Initial Password: _____

YOU WILL BE PROMPTED TO CHANGE THE INITIAL PASSWORD THE FIRST TIME YOU LOG IN.
(Must be between 9-17 characters including 1- uppercase, 1- lowercase, 1 – number, and 1- special character)

To confirm your identity if you call for Online Banking help, provide a question we can ask that only you could generally answer. (i.e. What was my first car? Where was I born? Favorite sports team?)

Question: _____

Answer: _____

Provide a list of all accounts you are interested in having available on Online Banking:

Connect all my accounts (Checking, Savings, Loans, (CDs & IRAs view only))

Are you interested in signing up for Online Bill Pay? _____ Yes _____ No
(If you are interested in using our personal payment system, Zelle, you MUST be signed up for Online Bill Pay.)

I have received the Online Banking Agreement, and agree to the terms and conditions: _____
Initial

I agree that the information provided is true and accurate to the best of my knowledge:

Signature(s) *All Users need to sign

Date

Mail or Deliver completed form to:

Home Trust & Savings Bank
628 Main Street, PO Box 150
Osage, Iowa 50461-0150