

**The Home Trust & Savings Bank**  
Electronic Banking Enrollment Form

1) Primary Account Owner's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2) Secondary Account Owner's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Mothers' Maiden Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**\*\* INITIAL PASSWORD \*\* Must be ALL lower case (passwords are case sensitive), minimum of 8 characters, but no more than 17 characters; minimum of 2 letters, minimum of 2 numbers, no special characters. YOU WILL BE PROMPTED TO CHANGE THE INITIAL PASSWORD THE FIRST TIME YOU LOG IN.**

Initial Password: \_\_\_\_\_

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 is my dog's name? Or Where was I born?)

Question: \_\_\_\_\_

Answer: \_\_\_\_\_

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

_____	_____
_____	_____
_____	_____

Are you interested in signing up for Online Bill Pay? \_\_\_\_\_ Yes \_\_\_\_\_ No

I have read and understand 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:

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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