

INTERNET BANKING ENROLLMENT

You will need a First State Bank of Fountain deposit or loan account, Internet access and a browser with the proper encryption capabilities to bank online. For security purposes, your Internet Banking ID and PIN (personal identification number) instructions will be mailed to you if you do not apply in person.

SUBMIT APPLICATION TO

The First State Bank of Fountain
PO Box 83
Fountain, MN 55935-0083

QUESTIONS?

Call us at: (507) 268-4321
Toll-free: 1-888-801-7664
Fax: (507) 268-4448

| | |
|------------------------|--------------------|
| Name | Mailing Address |
| Social Security Number | |
| E-mail Address | City / State / ZIP |
| Date of Birth | Telephone Number |

- YES - I would like to make ALL existing and future accounts accessible through my Internet Banking ID.
 NO - I would only like access to the accounts listed below.

ACCOUNTS TO INCLUDE:

| | |
|------------|------------|
| ACCOUNT #: | ACCOUNT #: |
| ACCOUNT #: | ACCOUNT #: |
| ACCOUNT #: | ACCOUNT #: |
| ACCOUNT #: | ACCOUNT #: |
| ACCOUNT #: | ACCOUNT #: |
| ACCOUNT #: | ACCOUNT #: |

Bill Payment Services

- YES - I would like Bill Payment Services

PLEASE READ BEFORE SIGNING: By signing below, applicant acknowledges receipt of the Internet Banking & Bill Pay Agreement and Disclosure Statement, and agrees to the terms of this agreement, and acknowledges receipt of the Federal Electronic Transfer Act Disclosure.* Customer(s) agree(s) that account security is controlled by the Internet Banking ID assigned by the Bank, and the PIN chosen and entered by the customer(s). The customer(s) will protect the PIN and hold the bank harmless from unauthorized use. Any information downloaded by the customer(s) becomes the property and responsibility of the customer(s). I certify that the information given here is true and correct. I warrant that I have the authority to execute this application and to access each account(s) identified at this application.

Signature:

Date: