



Online Banking Enrollment Form

Please print and complete this form to enroll in online banking. You may drop it off at our office or mail or fax it to: Peoples Bank of Bedford County, Attn: Online Banking Specialist, P.O. Box 707, Shelbyville, TN 37162 Fax: 931-684-0471

For Bank use only
Date Received:
Completed by:
Access ID assigned:
Date mailed:
Portfolio #

Do not email this form as email is not secure. Never email or share your account numbers, passwords, or security answers. If you need assistance, feel free to contact our Online Banking Specialist at onlinebanker@pbobc.com or by phone locally at 931-684-7222 or toll free at 1-866-684-7222

Personal and Account Information (one application per name)

Name:
SSN:
Address: State: Zip Code:
Phone Number: Email Address:
Requested Access ID:
(Access ID must be at least 6 characters, a maximum of 12)

Accounts to be accessed (please list account numbers):

Table with 2 columns for account numbers 1-12.

Bill Payment: Do you wish to sign up for Bill Pay? Yes No
Account Number to charge for the Bill Payment Fee:
Web Bill Pay: \$5 per month for up to 15 bills. \$.50 per bill over 15.

Security Information

Peoples Bank of Bedford County will never ask for your password. If you need support related to Online Banking access, we will ask you your security question. Providing the correct answer to your security question will serve as your identity confirmation. If the correct answer is not supplied, you must visit our bank for identity verification. Your security question should be something that identifies you, but would be difficult to guess. Examples are: What is the name of your favorite pet? What is your mother's maiden name? What is your city or county of birth?

Security Question:
Security Answer:

Authorization

I have read and accept the Terms and Conditions of the Peoples Bank of Bedford County Banking Access Agreement. I request that Peoples Bank of Bedford County will give me access to the accounts listed on this form. I certify that I am either owner or joint owner of all accounts designated on this form. I understand that only one password is issued per user and that I hold ultimate responsibility for the security of my password.

Customer's Signature Date
Bank Representative's Signature Date

