

Enrollment Form



This enrollment form is for **Personal Accounts only**. If you would like to access a Business Account through Internet Banking, please click [Commercial Enrollment Form](#).

First Name _____ **MI** _____ **Last Name** _____

Address _____

City _____ **State** _____ **Zip** _____

Email _____

Home Phone _____ **Best time to call** _____ **AM**
PM

Work Phone _____ **Best time to call** _____ **AM**
PM

Employer _____

Date of Birth (mm/dd/yyyy) _____ **SSN** _____

Requested Services

Internet Banking _____ Free (Account Access – History/Transfers)
Bill Payment Service _____ \$4.95 monthly—Fee waived if 2 or more bills are paid during the month

Account Information

Primary Checking Account _____ (This is the account from which all charges will be deducted)

Account Access Options

Full Access to All Accounts

Access to Specific Accounts

Account Number _____ Account Type _____
Account Number _____ Account Type _____

By signing below I acknowledge that I hereby:

- (1) acknowledge that by using CoreFirst Bank and Trust Internet Banking after I receive the Login ID and temporary password, I am agreeing to the terms, conditions and fees set out in the CoreFirst Bank and Trust Internet Banking Agreement ("Agreement") which will be sent with the Login ID number and temporary password.
- (2) agree that the "Agreement", as amended from time to time according to its terms, will govern all transactions involving the Internet Banking and Bill Payment Service.
- (3) agree that CoreFirst Bank & Trust may communicate to me any notices of changes in terms of "Agreement" and all disclosures required by law via email, by posting on our website at www.cbtk.com or by mail.
- (4) agree to notify CoreFirst Bank & Trust of any changes to my email address.
- (5) authorize CoreFirst Bank & Trust to issue a Login ID and temporary password on my behalf, which I will be forced to change to a private password the first time I log in to the system.
- (6) understand that account security and access is controlled by my Login ID and password and that I should control its security and use.
- (7) authorize and direct CoreFirst Bank & Trust to honor all transactions using my Login ID and passwords.

(Please print, sign and mail or deliver to bank.)

Applicant's Signature _____

Date (mm/dd/yyyy) _____