



Individual Customer Internet Banking Enrollment Form

Applicant: _____ Soc. Sec. #: _____
(Please Print or Type)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Business Phone: _____

Email Address: _____ (please include domain name, ex. JSMITH@AOL.COM)

Please list the account number(s) and type(s) that you wish to access through Internet Banking:

Account #	Acct type: <small>(checking/savings/CD/loan)</small>

Please enable Online Bill Payment for the account listed below: (must be a checking acct)

I am authorized by the appropriate signature card on file with Riverside Bank to request the services listed above. This authorization will remain in force until revoked by me or by the Bank in accordance with the Bank's Online Banking Agreement.

Signature: _____ Date: _____

Application verified by:	_____	_____
	CSR	Date
Operations dept. – received by:	Date received: _____	Internet banking ID: _____
_____	Date ID created: _____	_____
<i>(This section for Riverside Bank use only)</i>		