



Internet Banking Enrollment Form

Please check one: New customer Change existing customer

Applicant: _____ S.S. #: _____
(Please Print or Type)

Business Name: _____ Tax I.D. #: _____
(Business Accts only)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Alt/Business. Phone #: _____

Email Address: _____ (please include domain, ex. jsmith@aol.com)

List the account number(s) and type(s) that you wish to access through Online Banking:

Account #	Type:	Enable Bill Pay? (Y/N) <small>(select one account only)</small>

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

Signature: _____ Print Name: _____ Date: _____

Signature: _____ Print Name: _____ Date: _____

Notes/Comments: _____

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>		