

The First National Bank Of Minersville

COMMERCIAL ONLINE BANKING ENROLLMENT FORM

Business Name: _____

Tax ID Number: _____

Address: _____

City: _____ State: _____ Zip: _____

**Cell Phone Number: _____

**Business Phone Number: _____ Email Address: _____

****Phone numbers and email addresses are required to deliver secure access codes.**

At a regular meeting of _____
Held on the _____ day of _____, 20 _____, a quorum of the governing
body was present, a resolution was presented and unanimously passed, authorizing the
individual(s) designated below to be granted access to the Commercial Online Banking
Program of The First National Bank of Minersville, Minersville, PA to access the
accounts of this _____ listed below.

Authorized User(s):

Account Number	Account Type	Access Level	User/Employee
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Access Level Descriptions:

Full Access: View account(s) and make all online transactions

View Only: View account(s), **No Online Transactions**

By signing below, the Officers acknowledge they have read and understand the terms and disclosures presented with this agreement. In addition, the Officers have chosen to grant access to individual(s) as presented above and the Officers accept full responsibility for any transactions performed through the online banking platform. The First National Bank of Minersville (Bank) shall reserve the right to prohibit access to any customer at Bank's discretion or terminate this agreement at any time.

_____ President

_____ Vice President

_____ Secretary

_____ Treasurer

AFFIX SEAL

Date: _____

Date Enrolled: _____

FOR BANK USE ONLY:

Cardinal CIS Key: _____

Employee Initials: _____