



# INTERNET BANKING APPLICATION FORM

NOTE: Must be a Community Bank of Rockmart customer to apply. Please complete the application, sign, and return to the address below or directly to the bank. Forms are also available at the bank.

## ACCOUNT OWNER/SIGNER INFORMATION

Please provide information for each account owner or signer on an account(s) that will need an Access ID created for Online Banking. \*indicates a required field

<input type="text"/>	<input type="text"/>
*Name - Primary Account Owner/Signer	*Name - Primary Joint Account Owner/Signer
<input type="text"/>	<input type="text"/>
Additional Account Owner/Signer	Additional Account Owner/Signer
<input type="text"/>	<input type="text"/>
Additional Account Owner/Signer	Additional Account Owner/Signer
<input type="text"/>	<input type="text"/>
*Social Security Number	*Social Security Number
<input type="text"/>	<input type="text"/>
*Date of Birth	*Date of Birth
<input type="text"/>	<input type="text"/>
*Mailing Address	*Mailing Address
<input type="text"/>	<input type="text"/>
Mailing Address cont.	Mailing Address cont.
<input type="text"/>	<input type="text"/>
*City *State *Zip Code	*City *State *Zip Code
<input type="text"/>	<input type="text"/>
*Email	*Email
<input type="text"/>	<input type="text"/>
Daytime Phone	Daytime Phone
<input type="text"/>	<input type="text"/>
*Account Number	*Account Number
Additional Account: <input type="text"/>	Additional Account: <input type="text"/>
<b>Please select Preferred USER ID</b>	<b>Please select Preferred USER ID</b>
(Must be between 6-12 characters in length) <input type="text"/>	(Must be between 6-12 characters in length) <input type="text"/>

## SECURITY & PRIVACY CONTROL

For security and identification purposes please provide a security question and answer to be used to confirm rights to make adjustments to your Online Banking Account. (ie. Favorite sport, City of birth, Mothers maiden name, etc.)

**PROVIDE A SECURITY QUESTION:**

**PROVIDE SECURITY QUESTION ANSWER:**

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**PROVIDE SECURITY QUESTION ANSWER:**

I (We, if joint account holder) have reviewed the "Online Banking Terms and Conditions Agreement" for Community Bank of Rockmart and accept such terms and conditions. By using online financial services provided by Community Bank of Rockmart, I/We agree to abide by the terms and conditions agreement.

Signature-Primary Account Owner/Signer

Signature-Joint Account Owner/Signer

Upon receipt of completed application, an Internet Banking Welcome Letter will be mailed to the applicant(s) to the address on file with Community Bank of Rockmart. This letter will include your first time logon instructions and temporary password.

**Return Application to: 1400 Nathan Dean Parkway Rockmart, GA 30153**

### FOR COMMUNITY BANK OF ROCKMART USE ONLY

DATE REC.	<input type="text"/>	PORT#	<input type="text"/>	LINE #	<input type="text"/>	DATE:	<input type="text"/>
PROCESSED:	<input type="text"/>	PROCESSED BY:	<input type="text"/>				