



Online Banking Application

Online Banking: _____

eStatement Only: _____

NAME: _____

SSN/TIN: _____

EMAIL ADDRESS: _____

DL# _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

PHONE: _____

ACCOUNT TYPE: DDA____ SAV____ LOAN____

ACCOUNT TYPE: DDA____ SAV____ LOAN____

ACCOUNT NUMBER: _____

ACCOUNT NUMBER: _____

ACCOUNT TYPE: DDA____ SAV____ LOAN____

ACCOUNT TYPE: DDA____ SAV____ LOAN____

ACCOUNT NUMBER: _____

ACCOUNT NUMBER: _____

By Signing below, I certify that the information provided is true and accurate. I authorize The First National Bank of Dennison to verify any information included in this application. The use of internet banking shall be governed by the terms and conditions of the Internet banking agreement and disclosures and such other terms and conditions or amendments thereto, as may be established by The First National Bank of Dennison.

Customer's Signature: _____

Date: _____

***Terms and Conditions continued on the next page.**

***Office Use Only:**

ID# _____

CSR _____

Checked By _____ Date _____

Dennison: 740-922-2532

Fax: 740-922-2051

Dover: 330-364-8671

Fax: 330-364-4791

Gnaden: 740-254-4321

Fax: 740-254-9322

New Phila: 330-339-1150

Fax: 330-308-5949

Schoenbrunn: 330-339-3789

Fax: 330-339-0639



Terms & Conditions:

Bill Pay: (Auto enroll)

I authorize The First National Bank of Dennison to withdrawal funds from the checking account indicated on this application when I have generated payment transactions by personal computer through the FNB Home Banking Bill Pay Service. I understand that I am in full control of my account.

If at any time I decide to discontinue service, I will contact The First National Bank of Dennison. My use of FNB Home Banking Bill Pay signifies that I have read and accepted all of the terms and conditions of FNB Home Banking Bill Pay.

I understand that payments may take up to 10 days if by check and up to 4 days if by electronic payment, to reach the vendor. The First National Bank of Dennison is not liable for any service fees or late charges levied against me. I also understand that I am responsible for any loss or penalty that I may incur due to a lack of sufficient funds or other conditions that may prevent the withdrawal of funds from my account.

I (we) authorize The First National Bank of Dennison to make inquiries or any credit investigation in reference to my (our) character or credit habits. The Ohio law against discrimination requires that all creditors make credit equally available to all credit-worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Bill Pay is Free (first 10 payments) \$.42 per bill after 10 payments.

\$34.00 Insufficient Funds- \$5.00 Canceled Check Copy- \$20.00 Stop Payments

\$2.00 per month after 6 months of inactivity/non-active accounts.