



## Internet Banking Enrollment Form

Please complete this form, print it, sign it and return it to us by faxing it to 410-280-8565 or mailing it to 1804 West Street, Annapolis, MD 21401. Additionally, please print a copy of the internet banking disclosure, sign it to indicate acceptance, and fax it back to the Bank with the completed enrollment form.

**Please complete the following information**

<b>Business Name</b>			
	For personal accounts provide the primary signer's name instead of the business name		
<b>Name of Primary User</b>			
<b>Primary User ID</b> <span style="color: red; font-size: small;">(Minimum 4 characters)</span>			
<b>Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Tax ID</b>			
<b>Email Address</b>			
<b>Primary Contact Phone</b>		<b>Fax</b>	
<b>Service Requested:</b>			
<b>View below account(s) only</b>	<input type="checkbox"/>	<b>Bill Payer Service</b>	<input type="checkbox"/>
<b>Allow transfers between below accounts</b>	<input type="checkbox"/>	<b>ACH</b>	<input type="checkbox"/>
<b>Account Number</b>		<b>Account Number</b>	
<p><b>I certify that the above accounts are like-owned and any change of ownership in one account will constitute a change to all linked accounts. By signing below, I authorize and direct the Bank to set up the preceding accounts for the services indicated above on the Bank's Internet System.</b></p>			
_____		_____	
<b>Signature</b>		<b>Date</b>	



<b>BANK USE ONLY</b>			
Branch review and approval:		Market Leader review and approval:	
Name:	Date:	Name:	Date:
Signature		Signature	