Online Banking Application Change Form

Full Name: _____ Date: _____

Home Ph.: _____ Cell Ph.: _____ Login ID: _____

Please indicate the desired changes to your Internet account list. In the first column, indicate whether the account is to be added, changed, or deleted. In the second column, list the account number. In the third column, list the account description, and in the fourth column, circle the desired access type. The first listed account, marked (P), is the account that will be charged any applicable monthly fee.

[***View*** = view only, ***Deposit*** = deposit only, ***View & Deposit*** = view &deposit, ***Full*** = view, deposit, & withdraw]

A=Add D=Delete C=Change	Account Number	Account Description	Access Type
	(P)		

I authorize FNB to implement the changes indicated above. FNB is not liable for any errors or losses that may result from the unauthorized use of my accounts. I agree to indemnify and hold FNB harmless from any and all claims, liability, damages and losses (including attorney's fees and court costs) arising out of or in connection with the unauthorized use of my accounts.

In order to allow access to these accounts, signatures of the **authorized signers of all accounts** listed above must appear below.

Signature:_____ **Print Name:**_____

Signature:_____ **Print Name:**_____

Signature:_____ **Print Name:**_____

Signature:_____ **Print Name:**_____

Signature:_____ **Print Name:**_____

Signature:_____ **Print Name:**_____

For Bank Use Only: Branch: _____ Employee: _____

Login ID: _____ Port. No.: _____ Date Rec'd: _____ Date Verified: _____ Date Entered: _____