

**CSBANK ONLINE ENROLLMENT FORM
CITIZENS STATE BANK**

To sign up for Citizens State Bank's Internet Banking Services, complete all information on this form. Please read the *CSBank Online* Internet Banking Agreement and Disclosure Statement. By signing this enrollment form and using *CSBank Online* you accept and agree to the terms and conditions set forth in the *CSBank Online* Internet Banking Agreement and Disclosure Statement.

For your protection, this enrollment form may not be submitted over the Internet. You may sign up for *CSBank Online* services by completing this enrollment form and returning it to any Citizens State Bank location, or by mailing it to Citizens State Bank, Attention Internet Banking Department, P.O. Box 66, Cadott, WI 54727. Separate application forms must be completed, signed, and returned by each depositor requesting an access code and password.

CITIZENS STATE BANK LOCATIONS – MEMBER FDIC

MAIN OFFICE
304 N Main Street
Cadott, WI 54727
715-289-4253

DRIVE THRU
505 S Main Street
Cadott, WI 54727
715-289-4253

LAKE WISSOTA
17153 County Hwy J
Chippewa Falls, WI 54729
715-720-3670

CHIPPEWA FALLS
15036 County Hwy S
Chippewa Falls, WI 54729
715-726-2111

Name: _____

Address: _____

Email Address: _____

Social Security Number: _____

Phone Numbers: Work _____ Home _____ Cell _____

Primary Account Number: _____

I would like access to all of my accounts through *CSBank Online*, including any accounts I may open in the future. I understand that all individual and joint accounts listed under my Citizens State Bank portfolio number can be accessed by anyone I choose to give my *CSBank Online* access code and password to.

I accept the *CSBank Online* Internet Banking Agreement and Disclosure Statement and request that I be enrolled in *CSBank Online*. As stated in the *CSBank Online* Internet Banking Agreement and Disclosure Statement, I understand that I must use *CSBank Online* at least once every 90 days in order to remain activated on the Internet Banking system.

The undersigned acknowledges receipt of a complete copy of the *CSBank Online* Internet Banking Agreement and Disclosure Statement.

Applicant Signature

Date

Office Use Only

Original enrollment

Re-enrollment

Port # _____ Name Line # _____ Employee Initials _____

Date Access ID Sent _____ Date Password Sent _____