



Waycross Bank & Trust Online Banking Application

Please complete this application and return to Customer Service at Waycross Bank & Trust

Name _____ DOB _____

Street Address _____ SSN _____

Mailing Address _____

If it differs from the above street address

City _____ State _____ Zip Code _____ Phone# _____

Driver's License Number _____ State Issued _____ Expiration Date _____

Password for Verifying Identity _____

This is NOT the password that you will use for Online Banking. This password will be used to verify your identity when you call the bank requesting information about your account. You will establish a different password for Online Banking, which will be unknown by Waycross Bank & Trust.

Email address _____

Accounts to Access

Please list the accounts for which you wish online access. Account numbers are not listed online for your security, so please provide a nickname for each account (example: household fund, savings, vacation, college, etc.). You may change the nickname at any time.

#1 Account Number _____ Account Nickname _____

#2 Account Number _____ Account Nickname _____

#3 Account Number _____ Account Nickname _____

#4 Account Number _____ Account Nickname _____

By signing below, I authorize Waycross Bank & Trust to initiate Online Banking with the above listed accounts. I understand I must be an owner of the account to have access to the account online. I understand Waycross Bank & Trust will provide me with an Online Banking ID Number and a PIN/Password to access my account. I will not share this information with any third party and that no third party shall be authorized to conduct Online Banking for me. Should I believe my Online Bank ID Number and/or PIN/Password becomes compromised at any time, I understand I must notify Waycross Bank & Trust immediately and hold Waycross Bank & Trust harmless of any losses that may occur due to this negligence. I agree to abide by the terms and provisions of Waycross Bank & Trust's Online Banking provided when I set up my Online Banking account.

Signature

Date

I request to have Bill Pay added to my Online Banking _____ (Customer Initials)

I request information on how to have my account statements delivered electronically _____ (Customer Initials)

Please note that in order to receive eStatements, a simple enrollment process must be completed online once you have access to Online Banking. Any Customer Service Representative would be happy to assist you with setting this up.

Bank Use Only

CIF # _____

NetTeller ID Number _____

Date Application Received _____

Date Added to Online Banking _____

Date ID Set Up _____ () DNM

Date PIN/Password Set Up _____ () DNM