

afcb online



INTERNET BANKING

Please sign me up for Athens Federal Community Bank's On-line Banking!

Primary Checking Account Number

Additional Account Number

Additional Account Number

Additional Account Number

Please sign me up for Bill Pay (must be 18 years of age or older)

Last Name

First Name

Address

City

State

Zip Code

E-Mail Address

Date of Birth

Social Security or Tax ID number

Security Question

Security Answer

ELECTRONIC SERVICES AGREEMENT: By signing below: (1) I will be bound by the terms and conditions of AFCB's account agreement which may be amended from time to time. (2) **I understand the passwords issued can be used to transfer funds from the account(s) and that I must safeguard all passwords and user names in regard to insecure storage of written password information, password sharing, and insecure use of public computers. I understand I will be liable for losses stemming from the disregard of these warnings about password security. If my account information is accessed by someone using my correct user name and password, AFCB has a right to consider them to be an authorized user. I authorize AFCB and its agents to follow any instructions transmitted by the use of these passwords, and agree to be bound thereby.** (3) I authorize AFCB to disclose information about any of my accounts to third parties (including payees) in order to complete transactions using Internet Banking. I also authorize my Payees to disclose to AFCB and/or its agents information regarding my account(s) with such Payees in order to complete transactions using Internet Banking, including resolving questions regarding such transactions. Numerous technical issues may render the server unreachable from time to time, or make it impossible to conduct business online at a specific time, and I agree that in those instances I should transact business through other channels the bank offers. (4) I understand my Email address may be used by AFCB to contact me regarding any changes or updates to internet banking or my accounts and services, and AFCB will never provide this address to anyone outside the bank for any purposes at any time.

I certify everything that has been stated in this application and any attachments is correct. AFCB is authorized to retain this application whether or not it is approved. By completing and submitting this form, I accept the terms and agreements outlined in the Electronic Funds Act Disclosure. I understand that a user ID and temporary password will be issued to me and within 2 business days of receipt of this application my account information will be accessible, I must change the temporary password to a private password the first time I log on to the Internet Banking system.

Applicants Signature

Date

Information and Identity Verified by _____

Date

For office use only:

Received by mail

In Person

Port Number _____