



COMMUNITY BUSINESS BANK™

PERSONAL ONLINE BANKING REGISTRATION FORM

(Please Print or Type Your Information.)

Client Name: _____ SSN: _____

Daytime Phone: _____ Cell: _____

E-mail: _____ Mother's Maiden: _____ (For Bank Verification)

Client Name: _____ SSN: _____

Daytime Phone: _____ Cell: _____

E-mail: _____ Mother's Maiden: _____ (For Bank Verification)

Street Address City State Zip

Please complete if non-owner(s) signs on account:

Authorized Signer: _____ SSN: _____

Authorized Signer: _____ SSN: _____

By signing this form, I understand that it is my responsibility to safeguard my Online Banking electronic password(s) from unauthorized users; to keep my password(s) and account number(s) separate to prevent unauthorized access; and to change my respective password(s) periodically. I will report immediately to Community Business Bank suspected unauthorized use. I acknowledge receipt of Community Business Bank's most recent Disclosure entitled "Important Information About Deposit Accounts" and agree to the account regulations specified in this Disclosure.

Signature(s) of Account Owners – Each Owner must sign.

X _____ X _____ Date Date

Signature(s) of Authorized Users – Each Authorized User must sign.

X _____ X _____ Date Date

For Bank Use Only: Received By: _____ Date: _____ Port #: _____ Activation Verified By: _____ Date: _____

Sauk City: 1111 Sycamore Street ■ 608.643.6300 Fax 608.643.5444 Lodi: 807 North Main Street ■ 608.592.7788 Fax 608.592.5518

MEMBER FDIC