

UNION NATIONAL BANK

Online Banking Enrollment Form

Customer Information

First Name _____	Middle Initial _____	Last Name _____
Drivers License # _____	Social Security # _____	
Address _____		
City _____	State _____	Zip Code _____
Home Phone _____	Cell Phone _____	
E-Mail Address _____	Work Phone _____	
<p>Upon approval of your application, you will receive via email your user ID. Upon logging in for the first time, you will be prompted to change your password.</p>		

Account Access Information

Account Number	Account Type	*Access Level	*Valid Access Levels:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Full Access View & make all transactions
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	View & Deposit View & make deposits, no withdrawals
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	View Only View account, no transactions
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Deposit Only Make deposits, no viewing, no w/ds
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Loans View only

By signing below, I certify I have requested account information to be accessible via Union National Bank's Internet Banking Service. I further certify I assume full responsibility for all transactions made in accordance with the above instructions and relieve Union National Bank (UNB) of any responsibility. I also agree to all terms and conditions associated with UNB Internet Banking. I understand the terms and conditions can be changed at any time. I acknowledge that I must have an active, valid e-mail address and must notify UNB in the event my e-mail address changes. **UNB reserves the right to prohibit access to any customer at our discretion or to terminate the agreement at any time.**

Signature _____

Date _____

Please return this form to any UNB office along with a copy of your photo ID

For Bank Use:

Received By: _____

Date: _____

Processed By: _____

Date: _____

Reviewed By: _____

Date: _____