SKYLANDS COMMUNITY BANK • E-COMMERCE SERVICES

PERSONAL ONLINE BANKING SIGN UP FORM

PO BOX 1065 • BELLMAWR, NJ 08099 • FAX 856.468.8351

This form is only required to activate Bill Payment, or if you are not a Checking account and ATM/Debit Card Holder.

First Initial Last

NAME

(One name per application)

ADDRESS

CITY STATE ZIP

PHONE # (DAY) PHONE # (EVENING)

E-MAIL ADDRESS (REQUIRED)

SOCIAL SECURITY NUMBER (REQUIRED)

ACCOUNT NUMBER

(Bank Use Only)

BRANCH #

BRANCH REP:
(Please Print)

BRANCH PHONE #

TB: New ❑ Existing ❑ PC: ❑

PIN Change: ❑

Log: ❑ Email: ❑ Or Letter: ❑

E-Commerce Rep and Date: _____

_____ _____

Signature Date

ACTIVATE ONLINE BANKING BILL PAYMENT

❑ Yes, I wish to activate Online Bill Payment and agree to the Terms of Service. The Terms of Service is available within Online Banking.

- ❑ My first merchant details are provided below.
- ❑ I will establish my first merchant online.

❑ No, I do not wish to activate Online Bill Payment at this time.

PERSONAL CHECKING ACCOUNT # (REQUIRED) _____

(If established, recurring bill payments will be debited from this account.)

MERCHANT INFORMATION (OPTIONAL)

MERCHANT NAME

MERCHANT BILLING ADDRESS

(NOTE: Payments cannot be sent to international addresses)

CITY STATE ZIP MERCHANT PHONE #

YOUR ACCOUNT NUMBER WITH THE MERCHANT #

ACTIVATE ONLINE BANKING ❑

(Use this section only if you do not have a Bank Card (ATM/Debit Card) and Checking account to enroll online.)

The bank will provide enrollment instructions via email when your sign-up form has been processed. During enrollment, you will create your own User ID and Password. Please record/remember your PIN.

- 4 digit PIN (**all numbers**) — — — — (This 4-digit PIN number is also used for your Telephone Banking service.)