

FNBONLINE LOGON REQUEST (Last Revision 3-20-2018)

Full Name _____
Last 4 digits of SSN _____
Email Address _____
City of Birth _____

INTERNET BANKING ACCESS TO THE FOLLOWING

Allow Transfers Between Accounts Listed Below (Circle One): Yes / No

Checking Accounts (D)	<input type="checkbox"/>	Savings Accounts (S)	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
Loan Accounts (L)	<input type="checkbox"/>	CD Accounts (T)	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
Christmas/VAC Club (X)	<input type="checkbox"/>	Safe Deposits (B)	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	ODP (O)	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

CUSTOMER AUTHORIZATION

For Paperless e-Statements, please contact a Customer Service Representative

Customer Signature: _____
Date of Request: _____

BANK SECTION ONLY

**Please scan completed requests to File Maintenance
Letters will be mailed to Primary CIF, please note below if an ALT CIF should be used**

Customer CIF: _____
Requesting FNB Emp: _____
Signature Verified: _____ Date Requested: ____/____/____
Entered By: _____ Date Entered: ____/____/____
Verified By: _____ Date Verified: ____/____/____
CM ID: _____