

# INTERNET BANKING APPLICATION

16677 Duluth Ave. SE, Prior Lake, MN 55372 (952) 447-2101 FAX (952) 447-3337 www .priorlake.com Member FDIC



**PRIOR LAKE  
STATE BANK**

## PERSONAL INFORMATION

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Day Phone \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Day Phone \_\_\_\_\_

## BUSINESS INFORMATION

Business Name \_\_\_\_\_ Tax ID Number \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Authorizing Individual \_\_\_\_\_

## ACCOUNT INFORMATION

Account number(s) you wish to access

_____	_____	_____
_____	_____	_____
_____	_____	_____

## YOUR OPTIONS

**INTERNET BANKING (PERSONAL & BUSINESS)**

I choose to use Internet Banking only, giving me access to my account information, the ability to transfer between accounts and the ability to download my information.

CHOOSE ONE:

- I wish to have my Internet Banking login mailed to my account address  
 I acknowledge receipt of login in person

**INTERNET BANKING & BILL PAYER (PERSONAL & BUSINESS)**

I choose both the Internet Banking and Bill Payer opportunities to do all the above plus pay my bills online. I understand I will pay \$5.95 per month for the first 20 transactions and 35¢ for each transaction thereafter per checking account selected to have bill pay services.

## SIGNATURES

### Please read and sign to begin using Internet Banking:

I wish to begin using Internet Banking. Everything I have stated in this application is correct to the best of my knowledge. I acknowledge a receipt of a copy of the current rules and agree to abide by Prior Lake State Bank's Internet Banking Rules now in effect or as they may be changed from time to time. The signer must have full signing authority on the accounts listed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please sign in both columns if you are choosing Billpay.

### Please read and sign to begin using Bill Payer

I hereby authorize Prior Lake State Bank, or its service provider to debit entries to the account(s) I have selected. I acknowledge the origination of an ACH transaction to my account must comply with the provisions of U.S. law. This authority is to remain in full force and effect until Prior Lake State Bank has received written notification from me of its termination in such time and manner as to afford Prior Lake State Bank a reasonable opportunity to act on it. I acknowledge receipt of a copy of and agree to abide by Prior Lake State Bank Internet Banking Rules now in effect, or as they may be changed from time to time. I understand that I am in full control of my account and that if at any time I decide to discontinue service. I will provide written notification to Prior Lake State Bank. My use of the service signifies that I have read and accepted all the terms and conditions of Prior Lake State Bank Bill Payer. I understand that payments may take up to 10 days to reach the vendor and that they will be sent either electronically or by check. Prior Lake State Bank is not liable for any service fees or late charges levied against me. I also understand that I am responsible for any loss or penalty that I may incur due to lack of sufficient funds or other conditions that may prevent the withdrawal of funds from my account.

Signature \_\_\_\_\_ Date \_\_\_\_\_