



# MANASQUAN BANK

est. 1874

Existing Manasquan Bank personal checking customers may apply for Online Banking. Simply print, complete and return this application to Manasquan Bank. If you are not currently a checking customer, please visit one of our branches to open an account.

Please return your completed application to:

Manasquan Bank

P.O. Box E

Manasquan, NJ 08736

## Personal Banking Customer

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Telephone #: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

## Online Bill Payment:

YES - I/we wish to include the bill paying option.

NO - I do not wish to include the bill paying option at this time.

By signing below, I (we) acknowledge that in consideration of Manasquan Bank accepting this account(s) and other accounts or services whether existing now or in the future, I (we) agree to be bound by the Manasquan Bank Online Banking Agreement and Disclosure, Consumer Customer Agreements, Schedule of Charges, Schedule of Interest, and other disclosures as they may relate to my (our) accounts. I (We) understand that such agreements and disclosures may be amended from time to time.

## Account Owner Signature(s): (All account owners must sign)

Account Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Account Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Bank Use Only

Disclosures Mailed: \_\_\_\_\_ Date: \_\_\_\_\_ Emp. Initial: \_\_\_\_\_

Customer Notified: \_\_\_\_\_ Date: \_\_\_\_\_ Emp. Initial: \_\_\_\_\_

Customer User ID#: \_\_\_\_\_ Date: \_\_\_\_\_ Emp. Initial: \_\_\_\_\_

CIS Information Verified: \_\_\_\_\_ Date: \_\_\_\_\_ Emp. Initial: \_\_\_\_\_