



SOUTH CENTRAL BANK
A BANK THAT'S ALL YOUR OWN

Online Banking Enrollment Form

Name: _____ Account Number: _____

Address: _____ City: _____

State: _____ Zip Code: _____ E-Mail Address: _____

Home Phone #: _____ Cell Phone #: _____

I would like access to the following accounts on which I am an Owner:

_____ # _____ # _____

_____ # _____ # _____

By signing below, I acknowledge that the information I have provided is correct. I assume full responsibility for the accuracy and relieve South Central Bank, N.A. of any responsibility for transactions I make in the accordance with these instructions and hold SCB harmless. In addition, I also acknowledge that I have been given the SCB Account Agreement and Schedule of Fees and accept the terms and conditions herein, with the understanding that they may be changed by SCB at any time with proper notification. This authorization will remain in effect until revoked in writing.

Signature: _____ Date: _____

For South Central Bank Use Only

Approved By: _____ Date: _____

Verified By: _____ Date: _____

525 W. Roosevelt Road. Chicago , IL 60607. (312)491-7000. Fax (312)421-6608.

www.banksouthcentral.com