



Building Friends, Families and Futures

APPLICATION FOR ONLINE BANKING
(for individual owners of personal consumer accounts)
 KANSAS STATE BANK – OTTAWA & BALDWIN CITY

Name _____ Date _____

E-mail _____ Net-Teller# _____
 (Please type or print)

CIF # _____

Access is requested to the following accounts:

Type: *D = Checking* *S = Savings* *T = Time Deposit* *L = Loan*

Type	Account #	Type	Account #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By signing below, I agree to all the terms and conditions set forth in the Kansas State Bank Online Banking Agreement, of which I have received a copy.

_____ Signature _____ Date _____

_____ Signature (if two signatures required) _____ Date _____

Internal use only: _____

Accepted by: _____ Date _____

Processed: _____ Date _____

Verified: _____ Date _____