



Synergy Bank, S.S.B. Internet Banking Form

New Enrollment Profile Change Account Change Passmark Reset
 Consumer Commercial

Name : _____

Business Name: (if applicable) _____

Social Security Number : _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Business Phone: _____

Email Address: _____

Synergy Bank Account Numbers – Please indicate the account numbers you wish to access.					
<i>ACCOUNT #</i>	<i>CHECKING</i>	<i>SAVINGS</i>	<i>LOAN</i>	<i>ADD</i>	<i>DELETE</i>
Example 1234567	X			X	

LOGIN ID: _____

Login ID: Please choose a *USER ID* without spaces or special characters that is a minimum of six and maximum of 12 characters. This ID will be used when you sign on.

Pin/Password: You will be assigned a randomly generated pin number. You will be prompted to change this the first time you sign-in. It must be a minimum of six (6) characters and contain an alpha-numeric character.

Customer Signature

Date

Authorized Account Signer

Date

(required if person enrolling is not a signer on the requested accounts)

The above signature indicates that you agree to the terms and disclosures provided to you at enrollment.

For Synergy Bank Use Only 11/6/09 5:20 PM

Taken by:		Date:
Entered by:	<input type="checkbox"/> Added to Bancpac <input type="checkbox"/> Email Notification	Date:
Verified by:		Date:

