



# Personal Online Banking

## ENROLLMENT FORM

To sign up for Springfield First Community Bank Online Banking, please complete the requested information below.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Business Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_

E-Mail Address \_\_\_\_\_

### Requested Services

- FREE Online Banking (Account Information History/Transfers)
- FREE Bill Pay

### Account Information

*Primary Checking Account* \_\_\_\_\_

- Allow full access to all accounts under my Social Security Number whereby I am the account owner
- Allow full access to my specific accounts listed below

\_\_\_\_\_  
\_\_\_\_\_

By signing below I acknowledge that : (1) I consent to receive electronically all Electronic Funds Disclosures; (2) I have received, read, and agree to the terms, conditions, and fees set out in the Springfield First Community Bank Online Banking Agreement (“Agreement”); (3) I agree that the “Agreement”, as amended from time to time according to its terms, will govern all transactions involving the Online Banking and Bill Payment Service; (4) I agree that Springfield First Community Bank may communicate to me any notices of change in terms of Agreement and all disclosures required by law via email or by posting on its website at [www.SFCbank.com](http://www.SFCbank.com); (5) I agree to notify Springfield First Community Bank of any changes to my email address; (6) I authorize Springfield First Community Bank to issue a login ID and a temporary password on my behalf, which I will be required to change to a private password the first time I log in to the system; (7) I understand that account security and access is controlled by my login ID and password and that I should control its security and use; (8) I authorize Springfield First Community Bank to honor all transactions using my login ID and password, including stop payments entered on-line which will be honored the same as if an original signed stop payment request was on file. I further attest that I am an authorized signer on each account referenced above; and (9) unless otherwise designated, my primary account will be charged for any applicable fees. (10) I understand that I may withdraw my consent to receive statements in electronic form for any of my accounts by contacting the bank at [operations@SFCbank.com](mailto:operations@SFCbank.com) or by calling 417.882.8111 or by mail to Springfield First Community Bank, 2006 S Glenstone Avenue, Springfield, MO 65804. (11) I understand that I may request a paper copy of the disclosures, notices, terms and conditions, other documents and any changes. To receive a paper copy at no charge, please request it in one of the following ways: send an email message with your name and mailing address to [operations@SFCbank.com](mailto:operations@SFCbank.com), call us at 417.882.8111, or write us at SFCbank, 2006 S Glenstone Avenue, Springfield, MO 65804. Be sure to state that you are requesting a copy of the disclosures, notices, etc.

Authorized Account Signer \_\_\_\_\_

Date \_\_\_\_\_

*Each owner requesting access to the system should complete an enrollment form.  
FREE E-Statement enrollment available through Online Banking.*