

DNB EZ-LINK Enrollment Form

New User (Must Complete Entire Form) Existing User Modification (must complete items with *, do not provide password)

CUSTOMER INFORMATION

*Last Name: _____

*First Name: _____ Middle Initial: _____ *Present Userid: _____

*Address: _____ TIN/SSN: _____

*City: _____ *State: _____ *Zip: _____

*Home Phone: _____ *Work Phone: _____ Date of Birth: _____

Email Address: _____ Mothers Maiden Name: _____

Userid (At least three characters and/or numbers in length. This is not case sensitive):

Choice #1: _____ Choice #2: _____ Choice #3: _____

TEMPORARY PASSWORD (Minimum of 6 characters, must contain at least one letter and one number):

Password Lock Out Question: (Please Choose One)

- What is your mother's maiden Name?
- What city where you born in?
- What is your favorite pet's name?

Answer: _____

REQUESTED SERVICES

DNB EZ-LINK – Access account balances, transfer money, view account history, and conduct common banking tasks on-line for **FREE!**

Include Optional DNB EZ-LINK Bill Pay

Checking Account Number to use for Bill Pay _____

*** Please Note: We reserve the right to remove any EZ-Link Account and/or Bill Pay account not used for a period of 6 months ***

ACCOUNT INFORMATION

Type of Account:

- **CH** = Checking or IMMD
- **SAV** = Statement Savings (Passbook Savings not permitted)
- **LOAN** = Mortgage, Installment, Time or Overdraft line of Credit
- **TIME** = Time Deposits and IRA's

Access Level:

- **View Only** = You will be able to view balances and transactions.
- **View & Deposit** = You may view account information and transfer funds into this account.
- **Full Access** = You will have full access available on this account (not applicable to Club accounts, Loans, Credit lines or OD lines of credit).

Account #	Account Description	Action A=Add D=Delete	Type	Access Level
1 _____				
2 _____				
3 _____				
4 _____				
5 _____				
6 _____				
7 _____				
8 _____				
9 _____				
10 _____				

AUTHORIZATION

SIGNATURES: By signing below, I certify that everything I have stated in this application is correct and authorize **THE BANK** to issue a temporary password on my behalf, which I will change to a private password the first time I log in to the system.

Signature

Date

BANK INFORMATION (To Be Completed By Bank)

<input type="checkbox"/> New <input type="checkbox"/> Existing	Originating CSR:	Date:	Enrollment Account Number:	Amount Last Deposit:	Entered By:	Date:
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