

For Bank Use Only: CN: _____ Password: _____

Online Banking Application

To apply for online banking services, complete this application, print, sign and return by fax or mail to:

GRAND BANK
Attn: Online Banking
P.O. Box 700337
Dallas, Texas 75370
Fax: (972) 735-7333

Yes! I want instant access to my business finances!
Once your application is received and approved by Grand Bank, you will be contacted regarding your access ID and password. The first time you access your account, you will be required to change your password. If you believe the security of your access ID or password has been compromised, promptly notify us.

Online Banking Information

*Customer/ Company Name: _____
*Street Address: _____
*City: _____ State: _____ Zip: _____
*Primary Contact Name: _____
*E-mail Address: _____
*Tax Identification Number: _____
*Business Phone: _____ *Business Fax: _____

Online Banking Account Information (Ownership of accounts)

You may select your own Access ID on the line below. If the box is left blank, the bank will assign a generic Access ID. Once your Access ID is established, it **CANNOT** be changed.

*Name of User: _____ *Access ID: _____
*User's Phone: _____ *Mother's Maiden Name: _____
*User's E-mail Address: _____
*Account Number: _____ *Online Account Nickname: _____
View Balance Transfer Funds Stop Pay Bill Pay
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View Balance Transfer Funds Stop Pay Bill Pay

***Name of User:** _____ ***Access ID:** _____

***User's Phone:** _____ ***Mother's Maiden Name:** _____

***User's E-mail Address:** _____

***Account Number:** _____ ***Online Account Nickname:** _____

View Balance **Transfer Funds** **Stop Pay** **Bill Pay**

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View Balance **Transfer Funds** **Stop Pay** **Bill Pay**

By signing below, I hereby make application for Online Banking Services. I agree to comply with Online Banking Terms and Conditions Disclosure, which I agree govern my account. I agree to all terms and conditions provided herein, which may be changed from time to time by the Bank in the manner provided herein, if applicable. My use of Online Banking Bill Payment Service if applicable signifies that I have read and accepted all the terms and conditions of the service including those referenced above and that I have received a copy of the Grand Bank Account Deposit Agreement Terms and Conditions.

***Authorized Signature:** _____ **Date:** _____

***Authorized Signature:** _____ **Date:** _____