The LaPorte SAVINGS BANK
Member FDIC

BUSINESS ONLINE BANKING ENROLLMENT FORM

To support LaPorte Savings Bank Online Banking, your Internet Browser must be 4.0 or higher and support HTML 4.1 or higher. Please print and complete this form.

After processing your form(s), your password will be mailed, or emailed to you within 7-10 business days.

CUSTOMER INFORMATION *(*Designates required information.)*

*Business Name

*Contact Person

*Address

*Phone

*City, State, Zip

*Business Tax ID Number

*Primary Checking Account Number
(This account will be debited for any fees associated with Online Banking.)

*E-Mail Address

*Administrator Login ID: _____
(Must contain 6-10 lowercase alphabetic or numeric characters)
Administrator must be an authorized owner/signor for this business. After processing your form(s), your password will be mailed, or emailed to you within 7-10 business days.

*Security Code Question: *(Select one from the list below)*

- ❑ Favorite Pet's Name
- ❑ Mother's Maiden Name
- ❑ Father's Middle Name

*Security Code Answer: _____

Additional Users *(IDs must be unique and meet the same requirements as above)*:

Name _____ Login ID _____

Name _____ Login ID _____

Name _____ Login ID _____

All accounts that are associated with your Business Tax ID Number will be accessible through Online Banking. Checking and Statement Savings Accounts will have full access, including the ability to transfer to and transfer from your LaPorte Savings Bank accounts. All other accounts will have restricted access.

PLEASE NOTE: YOU MUST BE AN AUTHORIZED OWNER/SIGNOR FOR THIS BUSINESS.

I certify that everything I have stated in this application and on any attachments is correct. You may keep this application regardless of whether or not it is approved.

*Applicant Signature: _____ *Applicant's SSN: _____

Title: _____ Date: _____

Please print and complete this application. Mail or bring it to:

The LaPorte Savings Bank
Online Banking Department
710 Indiana Avenue
LaPorte, Indiana 46350

FOR INTERNAL USE ONLY

Application Received by: _____ Date: _____