

ONLINE BANKING ENROLLMENT FORM

Please complete this form and return it to one of our Sterling Bank branches. You may also fax or mail it to the address provided at the bottom of the page.

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ - _____ - _____ Birth Date: ____/____/____

Home Phone: _____ - _____ Work Phone: _____ - _____

E-mail Address: _____ Mother's Maiden Name: _____

Signature: _____ Date: ____/____/____

(All accounts with your taxpayer ID will be accessible by you via Online banking unless we are notified otherwise.)

Please do not Email this document. Email through the Sterling Bank website is not encrypted or communicated over a dedicated line at this time. Please return this completed form to one of our Sterling Bank branches. You may also fax or mail this form to:

Sterling Bank
Attn: Online Banking
427 2nd Street
Chetek, WI 54728
Fax: (715) 924-3288