



Electronic Banking Customer Enrollment Form

Personal Information <i>(Must be a valid U.S. address and telephone number)</i>			
First Name	Middle Initial	Last Name	
<i>Please print or type</i>			
Applicant's Street Address			
City	State	ZIP Code	
Home Telephone Number		Work Telephone Number	
Email Address			
Security & Access			
Social Security Number	Date of Birth	Mother's Maiden Name	Personal ID Code/PIC <i>(6-14 characters)</i>
Customer Authorization for Electronic Banking			
An Electronic Fund Transfer Disclosure will be sent to me, along with first-time user instructions. My first use of the service signifies that I have received a copy and agree to the terms of the following disclosure:			
Electronic Fund Transfers Disclosure*			
<i>*Please note "Limitations on Frequency of Transfers"</i>		_____	_____
		<i>Customer/Authorized Signature</i>	<i>Date</i>
Additional Service Requested			
Please add GOLD Bill Payment Service <input type="checkbox"/>			
		_____	_____
		<i>Customer/Authorized Signature</i>	<i>Date</i>
Termination of Service			
I wish to terminate my GOLD Bill Payment Service <input type="checkbox"/>			
		_____	_____
		<i>Customer/Authorized Signature</i>	<i>Date</i>

Completed forms: Drop off at any WGSB office, mail to WGSB/Operations Department, P.O. Box 266, Woodsville, NH 03785 or fax to 603-747-0478

FOR OFFICE USE				
Rec'd By/Date	Port #/Name Line	Input By/Date:	Verified By/Date	Signature Verification
				_____ & _____
Customer Password <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>(numeric characters only)</i>				