



Electronic Banking Customer Enrollment Form

Personal Information <small>(Must be a valid U.S. address and telephone number)</small>			
First Name	Middle Initial	Last Name	
<small>Please print or type</small>			
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 <small>(6-14 characters)</small>
Customer Authorization			
My first use of the service signifies that I have received a copy of and agree to the terms of the following disclosure:			
Electronic Fund Transfers Disclosure <input type="checkbox"/>		_____	
<small>*Please note "Limitations on Frequency of Transfers"</small>		<small>Customer/Authorized Signature Date</small>	
Minor Enrollment <input type="checkbox"/>		_____	
		<small>Customer/Authorized Signature Date</small>	

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				
<small>Rec'd By/Date</small>	<small>Port #/Name Line</small>	<small>Input By/Date:</small>	<small>Verified By/Date</small>	<small>Signature Verification</small> _____ & _____
Customer Password <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <small>(numeric characters only)</small> <small>(Hint: may be name line + 1st 4 digits of port)</small>				