



# Corporate On-Line Banking Application

Company Name:  
User Name 1:  
User Name 2:  
Address:  
City & State:  
E-Mail:  
Tax ID Number:  
Daytime Phone:  
Evening Phone:

I certify the information provided above is true and correct. I authorize Campbell & Fetter Bank to verify any information included in this application prior to allowing access to my accounts.

I will read the On-Line Banking Agreement and hereby agree to be bound by the terms and conditions of this agreement prior to access of my accounts for the first time and it is subject to change.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please confirm the information you have submitted above, sign the form and do one of the following with the form:

**Drop it by one of our branches or mail to:**

Campbell & Fetter Bank  
Attn: Internet Banking  
PO Box 231  
Kendallville, IN 46755

Full Access \_\_\_\_

Limited Access \_\_\_\_ (See CSR)

Viewer Only Access \_\_\_\_

Bank Officer Approval: print \_\_\_\_\_

sign \_\_\_\_\_



\*Equal Opportunity Lender



\*Member FDIC