



Online Banking Enrollment Form

To enroll in Union Bank and Trust Company's Online Banking Service, fill out the requested information, print and sign this form. Return this form to any of the conveniently located Union Bank and Trust Company's branches.

First Name:	Middle Initial:	Last Name:
Address 1:	Address 2:	
City:	State:	Zip:
Home Phone:	Cell/Business Phone:	
E-Mail Address:	Social Security #:	Date of Birth:
Primary Checking Account #:	Do You Want Access to Bill Pay Service:	
	Yes	No

Please Note: You must be an authorized signer on each of these accounts:

Account Type:	Account Number(s):
Checking	
Savings	
Certificate of Deposit	
Clubs	
Loan	

User Name

Please choose a login ID. We request you select two (2) ID choices. The ID must be from 5 to 10 characters long with no spaces. Please use a combination of letters and numbers. We will try to accommodate your first choice if the ID has not already been assigned. Upon approval of your application, you will receive instructions in the mail or by telephone with your user ID and temporary password instructions. Upon logging in for the first time you will be prompted to change your password.

Login ID 1:*	Login ID 2:*
--------------	--------------

Signature & Disclosures

DISCLAIMER: By signing below, I certify I have requested account information to be accessible via Union Bank's Internet Banking Service. I further certify I assume full responsibility for all transactions made in accordance with the above instructions and relieve Union Bank (UBT) of any responsibility. I also agree to all terms and conditions associated with Union Bank's Internet Banking and all fees associated with this service. I understand the fees, terms and conditions can be changed at any time. I acknowledge that I must have an active, valid e-mail address and must notify UBT in the event my e-mail address changes. UBT reserves the right to prohibit access to any customer at our discretion or to terminate the agreement at any time.

Signature:*	Date:*
-------------	--------

FOR BANK USE ONLY

SETUP COMPLETED BY: _____	DATE: _____	SETUP REVIEWED & ADDED CUSTOMER LIST BY: _____	DATE: _____
BRANCH #: _____			

* Please complete and print this form from your browser. Sign the form and bring it to your local branch office to complete the enrollment process.