



First National Bank of Fort Smith
602 Garrison
Fort Smith, AR 72901
(479) 782-2041

Application

PO Box 7
Fort Smith, AR 72902-0007
(800) 364-1827 (AR & OK)

___ New Application

___ Account Modification

Upon completion of this application, please sign in the signature space provided, deliver it to one of our convenient locations or mail to: The First National Bank of Fort Smith eBanking Department, PO Box 7, Fort Smith AR 72902-0007. If The First National Bank of Fort Smith (hereafter, "the Bank") accepts your application, we will provide you with an appropriate OnlineBanking@fnbfs.com / Mobile Banking ID and temporary PIN (Personal Identification Number) in a separate mailing. The first time you access your OnlineBanking@fnbfs.com / Mobile Banking account, you will be required to change your PIN. It is your responsibility to protect your PIN. E-mail support can be accessed at eBanking@fnbfs.com. **This application provides access to the accounts* listed on back on an individual basis only. Each account holder requesting access to OnlineBanking@fnbfs.com / Mobile Banking must complete an application.**

Name: _____ Tax I.D. or Social Security No.: _____
 Address: _____ Customer Birth Date: _____ / _____ / _____
 City, State & Zip: _____ Inquiry Code Word: _____
 e-Mail: _____ Primary Checking#: _____

Requested Services (Please Check the Appropriate Boxes Below) User ID: _____

OnlineBanking@fnbfs.com / Mobile Banking Account #: _____

Access your account balances, transfer funds between accounts**, make First National Bank of Fort Smith loan payments, review history, add and delete stop payments and other financial services that may become available (**Stop Payment services may be accessed with OnlineBanking@fnbfs.com, but not through Mobile Banking function**). The Bank will only execute requested transactions during the Bank's normal processing hours. OnlineBanking@fnbfs.com is a free service to our customers. However, all other applicable transaction fees for your account may apply. You are responsible for any and all Internet Service Provider, Cell Phone, or Access Provider charges. Savings withdrawals are governed by Federal Regulations.

Bill Payment. This financial service allows you to pay any company or individual. The service is provided at no charge to non-business customers who elect to receive eNotices and eStatements. These non-business customers are also entitled to receive an unlimited number of Bill Payment transactions. However, a fee of \$5.95 will be charged against your Primary Checking Account** per month if you elect Bill Payment but do not wish to receive eNotices and eStatements. For business customers, a fee of \$5.95 per month will be charged against your Primary Checking Account** for the first ten (10) Bill Payments; thereafter 50 cents each. **Bill Payment is not available for Cash Management customers.** All Bill Payment accounts that remain inactive for 90 days will be deleted. New Bill Payment Vendors cannot be established using the Mobile Banking function.

Should you wish to restrict the availability to transfer funds between your accounts at the Bank, please check here.

** Bill Payment and "Transfer Funds Services" **ARE NOT** available for Certificates of Deposit, IRAs, Safe Deposit Boxes, or accounts that require two (2) signatures.

Account Access Information: If you wish to have access to ALL accounts, both current and future, of which you are the Primary or Joint Owner, please check here. Otherwise, please list below the accounts that you wish to have access. (Please use another sheet if additional space is needed)

<u>Account Number</u>	<u>Type of Account *</u>	<u>Description</u> (Maximum 20 Alpha / Numeric Characters)

* Types of Accounts that are available for access: Checking, Savings, Certificates of Deposits, IRA, Loans, Safe Deposit Boxes.

By completing, signing, and returning this application, I hereby state I have received, read, understood, and agree to the attached Service Agreement and Disclosure. I also agree to the terms and conditions of the Bank's Online Bill Payment Agreement (if applicable). Failure to honor these Agreements may result in the termination of these services by the Bank. I hereby state the information I have supplied is accurate. I also hereby authorize the Bank to verify said information, as well as my credit history, by any necessary means, including obtaining a credit report from a credit reporting agency.

_____/_____/_____
 (Applicant Signature) (Application Date) () - (Daytime Phone Number) (Extension)

Customer Service Representative _____

Internal Bank Use Only:

Net Teller ID _____ CIF Key _____ Date Entered _____ / _____ / _____ Entered By _____