



Get the service you deserve.

ONLINE BANKING - APPLICATION FORM

Please complete and submit the information below. The items are necessary to verify your identity before permitting access to your financial information. Upon receipt, we will confirm authorization and contact you to choose a Sign-On ID and Pass Code.

Please submit this form to your local branch or fax to 304-733-7088

All fields are required.

COMPANY NAME (FOR COMMERCIAL USERS ONLY)

FIRST NAME

MIDDLE INITIAL

LAST NAME

ADDRESS

CITY

STATE

ZIP

EMAIL

TELEPHONE NUMBER

DATE OF BIRTH (mm/dd/yyyy)

MOTHER'S MAIDEN NAME

SIGNATURE
