

# Online Banking Application Unifi



Date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Applicant:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
(Phone)

Accessible Account(s)\* (List all accounts to be accessed using online banking.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Bring this application into our banking location, fax or mail it to:**

Connections Bank  
P.O. Box 380  
Platte City, MO 64079  
FAX: 816-858-2851

Before using Online Banking, users must first agree to the *Connections Bank Online Banking Service Agreement and Disclosure Statement* which is displayed when first logging-on to Online Banking.

\_\_\_\_\_  
(Applicant Signature)

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Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Processed by: \_\_\_\_\_

User ID: \_\_\_\_\_

ID/Password Provided: \_\_\_\_\_