



Business/Organization Online Banking Signup

Business/Organization Name:

Owners:

Person Requesting Access:

Title of Person Requesting Access:

Email Address:

(This is the email address the access link will be sent to)

Address:

City:

State:

Zip:

By signing below I understand that this will allow the username holder access to my bank account information for all accounts in the Business or Organization name. I also assert that I have authorization to grant access on behalf of the business/organization and further understand that any transactions on the online banking system is being done with the authorization of the owner or board that oversees the business/organization. I also understand that typical access, including access to transfers, bill pay, and viewing of account details and transactions, is being granted and any special access that needs applied to this account can be requested by contacting FNB Bank.

Signature of Person Applying: _____
(Print your name below line)

Signature of Owner/Authorized Signer: _____
(Print your name below line)

Please print this form and either return it to a FNB Bank Branch Location or send it to one of the following.

ATTN: Aaron Edwards

Email: aedwards@fnbtoday.com

FAX: 304-822-5309

Mail: P. O. Box 1037, Romney, WV 26757.

Questions? Contact Aaron Edwards at 304-822-8737.