The LaPorte SAVINGS BANK
www.laportesavingsbank.com

BUSINESS ONLINE BANKING & E-STATEMENT ENROLLMENT FORM

To support LaPorte Savings Bank Online Banking and E-statement service, your Internet Browser must be 4.0 or higher and support HTML 4.1 or higher. You must also have a printer available. You must have a valid email address and are required to notify us of a change in email address. By supplying this email address, you are authorizing us to send notification of the availability of your statement(s) to that address. This email will be used for bank communication purposes only. If a notice is sent to you via email and is returned undeliverable, we may cancel this agreement and begin sending your statement(s) via US Mail. Please print and complete this form.

After processing your form(s), your password will be emailed to you within 5-7 business days.

CUSTOMER INFORMATION *(*Designates required information.)*

_____

*Business Name *Contact Name *Phone Number

_____

*Address *City, State, Zip

_____

*Primary Account Number
(This account will be debited any fees associated with Online Banking.)

_____

*E-Mail Address

_____

*Business Tax ID Number

*Administrator Login ID: _____
(Must contain 6-10 lowercase alphabetic or numeric characters. LPSB reserves the right to alter your User ID if profanity is used in its creation.)
Administrator must be an authorized owner/signor for this business. After processing your form(s), your password will be emailed to you within 5-7 business days.

*Security Code Question: *(select from the list below)*

- ❑ Favorite Pet's Name
- ❑ Mother's Maiden Name
- ❑ Father's Middle Name

Additional User IDs: *(IDs must be unique and meet the same requirements as shown above for the Administrator ID.)*

Name: _____ User ID: _____

Name: _____ User ID: _____

*Security Code Answer: _____

All accounts associated with the Business Tax ID Number will be accessible through Online Banking. Checking and Statement Savings Accounts will have full access, including the ability to transfer to and transfer from your LaPorte Savings Bank accounts. All other accounts will have restricted access. I certify that everything I have stated in this application and on any attachments is correct. You may keep this application regardless of whether or not it is approved.

PLEASE NOTE: YOU MUST BE AN AUTHORIZED OWNER/SIGNOR FOR THIS BUSINESS.

☐ ***Electronic Statements***: Enroll my business in E-Statement service! I understand that by choosing this service that I will no longer receive a printed paper account statement via US Mail and that I will receive any and all applicable LaPorte Savings Bank account statement(s) via an electronic format unless otherwise noted on this form. I also understand that I may request a paper copy of my account statement(s) and that a fee could be charged for this service. This agreement will remain in effect until I supply LaPorte Savings Bank with written notice of cancellation. I understand that a period of one month is required before I can expect to receive my account statement(s) via US Mail again. I further understand that I could receive an additional electronic statement of my account(s) after I have provided my written cancellation notice.

*Applicant Signature:_____ *Applicant SSN:_____

*Title:_____ *Date: _____

Please print and complete this application. Mail or bring it to:

The LaPorte Savings Bank
Online Banking Department
710 Indiana Avenue
P.O. Box 548
LaPorte, Indiana 46352

FOR INTERNAL USE ONLY

Application Received by: _____ Date: _____

Member FDIC