

Service Requested (please check all the apply)

Internet Banking

Bill Pay _____ Bill Pay Account Number (must be a checking account)

Sign up for Email Statements On-line.

Service Agreement

By signing below: (1) I/We will be bound by the terms and conditions of Tri-County Bank's Depository Agreement which Tri-County Bank may amend from time to time. (2) I/we understand that the password issued can be used to withdraw funds from the account(s) and that it is my responsibility to safeguard the password. Only authorized signers will have access to the password. I/we will be responsible to change the password if the signers on the account change. I/we authorize Tri-County Bank and its agent to follow any instructions transmitted by use of my password. (3) I/we authorize Tri-County Bank to disclose information about any of my accounts to third parties (including payees) in order to complete transactions, using NetTeller. I also authorize my payees to disclose to Tri-County Bank and/or its agents information regarding my account(s) with such parties in order to complete transactions using NetTeller, including resolving questions regarding such transactions.

Authorized Account Owner/Signer

Date

I/we, by signature above, certify that everything that has been stated in this application and on any attachments is correct. Tri-County Bank is authorized to retain this application whether or not it is approved. By completing and submitting this form, I/we accept the terms and agreements outlined in the Online Access Agreement and Electronic Funds Transfer Act Disclosure. I/we understand that a user ID and temporary password will be issued to me within 48 hours of receipt of this application. I/we must change the temporary password to a private password the first time I log on to the Internet Banking System.