

# Electronic Services Application

I hereby authorize the Newburyport Five Cents Savings Bank to provide me with electronic access to my accounts and transfer capability between the Checking, Statement Savings, Money Market and Loan Accounts designated below. Please review the EFT Agreement for information regarding transfer limitations on some deposit accounts.

\*Transfers done during non-business hours may be posted the next business day.

\*Each owner must fill out a separate application.

Name \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Check here if you are an existing Internet Banking Customer

### List all Account Numbers:

_____	_____
_____	_____
_____	_____
_____	_____

#### FOR BANK USE ONLY:

Branch \_\_\_\_\_ Date \_\_\_\_\_ Initials & # \_\_\_\_\_

set Flag 12  (ck box)

set PIN  (ck box)

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_



**NEWBURYPORT**  
FIVE CENTS SAVINGS  
**BANK**