

Personal Online Banking Enrollment Form



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| Instructions: |
| <ul style="list-style-type: none"> • Please complete this enrollment form to obtain Internet Banking Services for all your accounts with First Community Bank of Homer Glen/Lockport. • Please mail the form to us at 13963 S. Bell Road, Homer Glen, IL 60491 • Within a few days, you will receive a confidential User ID and password. • For questions or assistance, please call us at 708-301-5900 |

| Account Owner Information | |
|------------------------------|--|
| Last Name | |
| First Name | |
| Street Address | |
| City, State, Zip | |
| Evening Phone | |
| Daytime Phone | |
| Email Address | |
| Social Security Number | |
| Account Co-Owner Information | |
| Last Name | |
| First Name | |
| Street Address | |
| City, State, Zip | |
| Evening Phone | |
| Daytime Phone | |
| Email Address | |
| Social Security Number | |

Do you want to pay bills on-line? YES NO

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| <i>I have read and understand the applicable disclosures and agree to the disclosed terms for internet and electronic banking.</i> | <i>I have read and understand the applicable disclosures and agree to the disclosed terms for internet and electronic banking.</i> |
| Account Owner Signature | Account Co-Owner Signature |
| Date | Date |