



FOWLER STATE BANK EZ ACCESS ENROLLMENT APPLICATION

NAME _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

HOME PHONE _____ BUSINESS _____ CELL _____

E-MAIL ADDRESS _____

MAIL OR TAKE THE COMPLETED APPLICATION TO ONE OF THE FOLLOWING:

EZ ACCESS
FOWLER STATE BANK
300 E 5th ST
PO BOX 511
FOWLER IN 47944

EZ ACCESS
FOWLER STATE BANK
510 ST RD 28
PO BOX 157
WILLIAMSPORT IN 47993

EZ ACCESS
FOWLER STATE BANK
607 E LINCOLN
PO BOX 27
KENTLAND IN 47951

This application does not guarantee that Fowler State Bank will grant you access to our EZ Access service. However, should Fowler State Bank grant you access, you will receive an EZ Access Internet Banking Agreement (IBA) by mail for you to review, sign, and return agreeing to the terms of the contract. Within 5 days of receiving the signed IBA we will mail you your Password.

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CONTACT US AT (765)884-1200 OR (800)439-3951.

SIGNATURE _____ DATE _____

Bank Use Only

Date received _____ *IBA mailed/given date* _____ *CSR initials* _____