ID: _____
Bank Use Only

FALCON NATIONAL BANK
ONLINE INTERNET BANKING AND BILLPAY APPLICATION

_____
Last Name (or Business Name) First Name Middle Initial

_____
Current Address City State Zip

_____
Social Sec. # / Tax ID# Day/Business Phone# Home Phone# Email Address (**Please print**)

FOR INDIVIDUAL ONLINE BANKING USERS- Please provide the accounts and services you wish to include:

[ ] Online Banking [ ] Bill Pay (fees may apply)

( ) Place an X for all of your accounts. Or list Individual Accounts below:

ACCOUNT#_____ACCOUNT#_____
ACCOUNT#_____ACCOUNT#_____
ACCOUNT#_____ACCOUNT#_____

***FOR BUSINESS CASH MANAGEMENT USERS**ï All Cash Management customers will designate an Online Banking User Administrator. The Administrator will have access to all business accounts designated and will have responsibility to grant authorities for other users in their employ. Subject to Bank approval please provide the accounts and services you wish to include:
*Fees may apply

[ ] Online Banking [ ] Bill Pay [ ] Wire Transfer [ ] ACH Origination

( ) Place an X for all of your accounts. Or list Individual Accounts below:

ACCOUNT#_____ACCOUNT#_____
ACCOUNT#_____ACCOUNT#_____
ACCOUNT#_____ACCOUNT#_____

PLEASE READ BEFORE SIGNING

I certify that the information is true and correct. I authorize FALCON NATIONAL BANK to verify any information included in this application and allow access to all the accounts I have ownership or have specifically designated. The use of Falcon National Bankôs Online Internet Banking and Bill Pay shall be governed by the printed terms and conditions of the ONLINE INTERNET BANKING AGREEMENT AND DISCLOSURE STATEMENT, such other terms and conditions or amendments hereto, and any account agreements entered into at the time of account opening, and revisions/amendments thereafter may be established by Falcon National Bank and communicated in writing to me. {**The undersigned acknowledges receipt of the Electronic Funds Transfers Disclosure: **Consumer accounts only. Examples of Non-Consumer account includes but is not limited to Health Savings, Trust and Business Accounts.} The Undersigned agrees to the same terms stated above.

Signature_____ Date_____
Customer
Signature_____ Date_____
Bank Representative

Please mail completed form to:
183 Cedar Drive, Foley MN 56329 or Fax to: 320-968-6500