



The State Bank of Wynnewood

P.O. Box 569 Wynnewood, OK

73098

www.sbwok.com

Member FDIC

Application for Internet Banking

To enroll for Internet Banking service, this application must be completed, **signed by all account owners**, and returned to the bank prior to processing your request for Internet Banking.

Six digit account number: _____

Name: _____

E-mail address: _____

Daytime Phone Number: _____

By signing below, I am applying for Internet Banking service. I agree that sufficient funds must be available in my account on the date that I make payments or transfers using the Internet Banking service. I acknowledge receipt of the Internet Banking Agreement and understand the terms and conditions set forth therein and agree to be bound by them. **ALL ACCOUNT OWNERS MUST SIGN.**

Signature _____ **Date:** _____

Signature _____ **Date:** _____

Signature _____ **Date:** _____

Signature _____ **Date:** _____

Please select a temporary password for Internet Banking and print it in the space below **Exactly** as you wish it to be. **The Password must be at least six characters in length and is case sensitive. It must contain characters from 3 of the 4 following classes:**

Uppercase letters

Lowercase letters

Numbers

Special characters (!, #, \$ etc)

This will be the Password you use to log on to Internet Banking for the first time.

Password _____ (See Requirements above)

Please Print

Return this page of the application by mail or in person to the following address:

The State Bank of Wynnewood

P.O. Box 369

Wynnewood, OK 73098