

County First Bank Express Banking Application Form

Please Print or Type Account Owner / Authorized User Information and return completed form to:

County First Express Banking
 County First Bank
 202 Centennial Street / P O Box 2752
 La Plata, Maryland 20646

Check One Business Consumer

Name: _____ / _____
SSN

Address: _____

City, State, Zip: _____

Telephone (Home): _____ (Work): _____

E-Mail Address: _____

Verification Information for Signer – Choose and Complete One:

Mother's Maiden Name: _____ Grade School Attended: _____ First Car: _____

Your Online Banking Accounts. Please list the County First Bank accounts you want to access through Express Banking Services. You only may access County First Bank accounts that you own. You may access demand deposit, money market, savings accounts and loans. If you do not list the account, you won't have Express Banking access. Paper images of checks will not be sent with periodic bank statements for County First Bank accounts accessible through Express Banking Services. You may retrieve check images through Express Banking Services.

(1)	Account Number	Account Number	Account Number

(1) Please indicate one of your checking accounts to be your "Primary Account" by placing a "P" in the first column. This will be the account to which all Fees, if any, will be charged, and MUST be a Checking Account.

I also want to apply for Express Banking Bill Payment Service. YES _____ NO _____

*Fees apply for bill payment service**Only checking accounts may be used for Bill Payment – Money Market & Savings may NOT be designated for bill payment. (1) Please indicate one or more checking accounts to be used for Bill Payment by placing a "B" in the first column.

I also want to apply for the Cash Management Services checked below.

ACH Tax Payments Wire Transfers

PLEASE READ BEFORE SIGNING

By signing below, you certify that the information provided above is true and correct. You authorize us to verify any information included in this application. If your application is approved, the use of County First Bank Express Banking Services is governed by the terms and conditions of the Express Banking and Bill Payment Agreement and Initial Disclosures and the online instructions provided by the Express Banking Services, as well as your deposit account agreements, and amendments, from time to time. ***You understand that, notwithstanding the terms of any of your existing or future deposit account agreements with the Bank or other financial institutions or any resolutions you adopt now or later that may require the instructions of one or more named individuals to transfer funds to or from your accounts, by using our online banking services, you agree that any person granted access to County First Bank Express Banking Services may authorize the Bank to transfer funds from your accounts.***

If you are approved for Express Banking Services, you understand that paper images of checks no longer will accompany periodic statements for County First Bank accounts accessible through Express Banking.

Customer Signature _____ Date _____
 (Must be signed by authorized signer on above listed accounts)

FOR BANK USE:
 Received by: _____ Branch: _____ Date: _____
 Express Banking ID: _____ Entered by: _____ Date: _____
 Daily Limit
 ACH \$ _____ Tax Payments \$ _____ Wire Transfers \$ _____