

# FIRSTLINE™ Internet Banking Application

Once your application is approved, a welcome letter will be sent to you with information to assist you in accessing your account information.

## CUSTOMER INFORMATION

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

eMail Address \_\_\_\_\_

## ACCOUNT INFORMATION

Please list all accounts to be accessed through FNBA FirstLine™ Internet Banking.

Type of Account \_\_\_\_\_ Account Number \_\_\_\_\_

Type of Account \_\_\_\_\_ Account Number \_\_\_\_\_

Type of Account \_\_\_\_\_ Account Number \_\_\_\_\_

Type of Account \_\_\_\_\_ Account Number \_\_\_\_\_

Type of Account \_\_\_\_\_ Account Number \_\_\_\_\_

## FIRSTLINE™ BILL PAY

Yes! I would like to pay bills using FirstLine™ Bill Pay.

No, I would not like to pay bills using FirstLine™ Bill Pay at this time.

I request that First National Bank of America issue me an initial Login ID and PIN, which will give me FirstLine access to all of my accounts specified above. All instructions delivered by FirstLine access will be deemed to be my written authorization to charge or credit my accounts for transactions indicated and such transactions are subject to the Terms and Conditions governing FirstLine Internet Banking and Bill Pay. All account transactions are also subject to First National Bank of America's rules for Personal Accounts. I agree that First National Bank of America may deliver electronically any and all disclosures required by law. I will immediately notify the bank if my PIN is compromised.

Customer Signature \_\_\_\_\_

Date \_\_\_\_\_

## FOR BANK USE ONLY

Date \_\_\_\_\_ Operator Initials \_\_\_\_\_ Promo Code \_\_\_\_\_ Officer # (PCG) \_\_\_\_\_