The Bank of Fairfield
Online Banking Application

Existing customers, please follow these two easy steps to enroll in Online Banking:

1. **Print out and complete this application.**
2. **Mail the application to:**

The Bank of Fairfield
Attn: Deposit Operations Department
2248 Black Rock Turnpike
Fairfield, CT 06825
or
Drop it off at any TBF office

We will mail you your temporary password within three (3) business days of receiving your completed application. Once you have your password, you can sign on to our Online Banking site, set-up your permanent password and begin using this service.

If you are not presently a customer of The Bank of Fairfield, please complete this application and bring it to our Black Rock office located at 2248 Black Rock Turnpike where you can open your account.

Personal Banking:

Customer Name: _____ Soc. Sec. #: _____

Home Address: _____ Telephone: #: _____

Town: _____ State: _____ Zip Code: _____

Email Address: _____

Business Banking:

Business Name: _____ Fed. Tax ID#: _____

Customer Name: _____

Business Address: _____ Telephone: #: _____

Town: _____ State: _____ Zip Code: _____

Email Address: _____

Please list account numbers you wish to use for Online Banking. All accounts must have the same primary owner and tax identification number.

Account #: _____ _____

Account #:_____ _____

Please indicate what User Name you would like to use for Online Banking

Username: _____ (Must be a minimum of 6 characters, lower case)

Signatures: By signing below, I acknowledge that in consideration of The Bank of Fairfield accepting this application and any other accounts or services whether existing now or in the future, I agree to be bound by the Truth In Savings, Electronic Funds Disclosure, and other disclosures, governing such account(s) or service(s), as amended from time to time and any other account opening documentation executed by me with the bank. I understand that I am in full control of my accounts and if at anytime I wish to discontinue this service, I will provide written notification to you. My financial institution is not liable for any service fees or late charges levied against me. I also understand that I am responsible for any loss or penalty that I may incur due to insufficient funds or other conditions that may prevent the withdrawal of funds from my account.

Account Owner's signature:

_____ Date: _____

_____ Date: _____