



## ONLINE BANKING APPLICATION

To apply for online banking, please complete all fields in this application and mail to:  
**Bank of Canton, Electronic Banking Department, 557 Washington Street, Canton, MA 02021.**

### APPLICANT

Name (First) (Middle Initial) (Last)

( ) ( )

Social Security No. Home Phone Work Phone

Street Address

City State Zip

Email Address

### CO-APPLICANT

Name (First) (Middle Initial) (Last)

( ) ( )

Social Security No. Home Phone Work Phone

Street Address

City State Zip

Email Address

### ACCOUNT INFORMATION

Primary Checking Account Number

Other Accounts for Online Banking:

Account # \_\_\_\_\_ Type: \_\_\_\_\_

Account # \_\_\_\_\_ Type: \_\_\_\_\_

Account # \_\_\_\_\_ Type: \_\_\_\_\_

**ACCESS INFORMATION:** Please select a User ID of 6-20 characters that you will use as your log-in name.

Applicant User ID: \_\_\_\_\_

Co-Applicant User ID: \_\_\_\_\_

**SECURITY QUESTION:** Please select a security question and answer that we will use to identify you:

Applicant Security Question: \_\_\_\_\_

Co-Applicant Security Question: \_\_\_\_\_

Applicant Security Answer: \_\_\_\_\_

Co-Applicant Security Answer: \_\_\_\_\_

### APPLICANT SIGNATURES

I HAVE READ THE ELECTRONIC BANKING DISCLOSURE AND AGREE TO THE TERMS AND CONDITIONS.

By signing below, I am applying for Online Banking. I authorize you to charge my account for any transactions accomplished through the use of Online Banking, including the amount of any recurring payment or transfer that I make. I agree to comply with all of the disclosures as they relate to each account. I agree that sufficient funds must be available in my account on the date I schedule payments or transfers to be made using Online Banking.

Applicant Signature

Date

Co-Applicant Signature

Date