Campbell & Fetter Bank
ESTABLISHED IN 1863

ONLINE BANKING APPLICATION

Name: _____

Address: _____

Social Security Number: _____ Birth Date: _____

Daytime Phone: _____ Evening Phone: _____

E-Mail Address: _____

I certify the information provided above is true and correct. I authorize Campbell & Fetter Bank to verify any information included in this application prior to allowing access to my accounts

I will read the On-Line Banking Agreement and hereby agree to be bound by the terms and conditions of this agreement prior to access of my accounts for the first time and it is subject to change

Signature: _____ Date:_____

Drop off at one of our locations or send to: Campbell & Fetter Bank
Attn: Internet Banking
PO Box 231
Kendallville, IN 46755