

FIRST SECURITY BANK INTERNET BANKING ENROLLMENT FORM

Customer Information

Full Name: _____ SSN: _____

Phone Number: _____

Account Number(s): _____

Email Address: _____ Verified by: _____

For security and password-reset purposes, please provide a **secret word** _____

User ID: _____

*User ID must be at least 8 characters and is **case sensitive***

Would you like to enroll in **Bill Pay**?

Yes No

I acknowledge that I have received, read, and agree to the terms of First Security Bank's Online Banking Agreement and Disclosure Statement.

Signature: _____ Date: _____

1. Visit our website at **www.fsb1.com** using a web browser.
2. Log in using your chosen User ID and the temporary password sent to your email.
3. Follow the on-screen instructions to complete your online banking setup.

Once your online account is established, you may download the **First Security Mobile Banking** App. Look for our logo in your app store.

If you experience any issues, please contact **Kristi** at **309-359-5060**.

Form completed by: _____ Date: _____

Copy forwarded to Kristi (Internet Banking): _____ Date: _____

Original forwarded to Penny (Internet Banking Verification): _____ Date: _____

Revised 5-19-26