

# State Bank of Delano Online Banking Enrollment Form

## Customer Information

Name: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Please note any case sensitive words

## User Information

List all users authorized to use online banking as well as the relationship to the primary account holder. The people listed below will have full access to all of the primary account holders information and will be able to move money between accounts. State Bank of Delano will not be held responsible for monitoring your account. The people listed below will each be given an individual password to access the account. Authorized users **MUST** be a signer on the account.

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In the event that you forget your password, please provide a test question and answer that we may ask you to determine your identity.

Security Question \_\_\_\_\_  
Security Answer \_\_\_\_\_

Signatures: I certify that everything I have stated in this document is correct. By signing below I authorize the State Bank of Delano to issue a temporary password on my behalf which I will be asked to change to a private password the first time I log into the system. I will contact the bank immediately if I feel my password has been compromised in any way. I will not share my access ID or password with anyone else.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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[www.delanobank.com](http://www.delanobank.com)