

# State Bank of Delano

## Online Banking Enrollment Form

Customer Information

Name: \_\_\_\_\_  
Last 4 digits of SSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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



PO Box 530  
Delano, MN 55328

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

For Financial Use only	
ACCOUNT #	_____
ACCESS ID #	_____
IDN #	_____
PASSWORD	_____
EMAIL COMPLETE	<input type="checkbox"/>
MAIL PASSWORD	<input type="checkbox"/>