BANK OF WIGGINS

Internet Banking Enrollment Form

YOU MUST HAVE ESTABLISHED ACCOUNTS WITH BANK OF WIGGINS TO ENROLL FOR ONLINE BANKING.
PLEASE PRINT, COMPLETE, SIGN AND RETURN THIS FORM
TO PROCEED WITH THE ENROLLMENT PROCESS FOR ONLINE BANKING.
RETURN FORM TO BANK OF WIGGINS MAIN OFFICE AT
109 WEST PINE AVE, WIGGINS, MS 39577
FAX 601-928-9217

Personal Information : New ☐ Change ☐ Delete ☐ Personal ☐ Business ☐

Name:_____ **SSN/TID:**_____

Address:_____

City:_____ **State:**_____ **Zip:**_____

Home Phone:_____ **Other Phone:**_____

E-Mail:_____ **Date of Birth:**_____

Requested User Name: _____*Your User Name must contain at least 6 characters and not more than 30. It may include letters and numbers, but no special characters (&, %, $, etc.).

Security Question:_____ **Security Answer:** _____

*Please create a Security Question & Answer that the Bank can have on file to identify you when you contact us by phone in the future.

Account Information: Please list all accounts you would like to have access via Internet Banking. You must be the owner or a signer to access an account via Internet Banking. Use a second page if you need additional space.

Account Type (Checking, CD, Loan, Etc.)	Account Number
_____	_____
_____	_____
_____	_____

Funds Transfer and Loan Payment: Funds transfers may be requested between any combination of checking and savings accounts. Loan payments funds may be withdrawn from any checking or savings account. Please note that additional transaction fees may apply.

Authorization: I hereby authorize Bank of Wiggins to enroll me in Internet Banking. I understand that it is my responsibility to maintain a secure user id & password for my account.

Applicant Signature: _____ Date: _____

***Once your application is verified and approved, you will be given a temporary password to be used to access the system. Remember, never send personal or account information via e-mail. Bank of Wiggins' employees will never contact you with requests for your username or password, however if you contact the bank, you may be asked to provide your username.**

I, _____ give the above user permission to access Mobile and / or Bill Pay for business account name and number _____ .

_____ Business Owner Signature

Please don't hesitate to contact us at 601-928-5233 and ask to speak with a customer service representative at the Main Office for more information.