

Home Banking and Bill Payer Application

I would like to enroll in (check all that apply):

Home Banking FREE member service

Bill Payer _____ per month

Your Information

Please check one:

Mr.

Mrs.

Ms.

First Name

M.I.

Last Name

Street Address

City

State

Zip

Home Phone

Work Phone

E-mail Address

Mother's Maiden Name (for security identification verification)

Social Security #

Joint Account Owner Information

First Name

Last Name

General Account Information

General Account Information (Refer to your enrollment letter for details on this section.)

Primary Account # (PAN)

Authorization And Release

Please check one: APEX is not responsible for the errors, omissions, or negligence of others that result in the interruption of service or fraud in your designated accounts. These include, but are not limited to, delays by commercial carriers, inaccurate or unverified account information, malfunctions or interruption of our service, unauthorized use of your account or Acts of God.

Warranties or guarantees of all our Home Banking Services, either express or implied, are hereby disclaimed.

You agree to release and forever hold APEX harmless for any and all damages, including attorney's fees that may result from such error, omissions, or negligence.

Your Signature

Date

Joint Owner's Signature

(Required when joint accounts are specified.)

Date