

**CSBANK ONLINE ENROLLMENT FORM  
CITIZENS STATE BANK**

To sign up for Citizens State Bank's Internet Banking Services, complete all information on this form. Please read the *CSBank Online* Internet Banking Agreement and Disclosure Statement. By signing this enrollment form and using *CSBank Online* you accept and agree to the terms and conditions set forth in the *CSBank Online* Internet Banking Agreement and Disclosure Statement.

For your protection, this enrollment form may not be submitted over the Internet. You may sign up for *CSBank Online* services by completing this enrollment form and returning it to any Citizens State Bank location, or by mailing it to Citizens State Bank, Attention Internet Banking Department, P.O. Box 66, Cadott, WI 54727. Separate application forms must be completed, signed, and returned by each depositor requesting an access code and password.

**CITIZENS STATE BANK LOCATIONS**

MAIN OFFICE  
304 N Main Street  
Cadott, WI 54727  
715-289-4253

DRIVE THRU  
505 S Main Street  
Cadott, WI 54727  
715-289-4253

LAKE WISSOTA  
17153 County Hwy J  
Chippewa Falls, WI 54729  
715-720-3670

CHIPPEWA FALLS  
15036 County Hwy S  
Chippewa Falls, WI 54729  
715-726-2111

Name: \_\_\_\_\_

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

\_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Phone Numbers: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Primary Checking Account Number: \_\_\_\_\_

I would like access to all of my accounts through *CSBank Online*, including any accounts I may open in the future. I understand that all individual and joint accounts listed under my Citizens State Bank portfolio number can be accessed by anyone I choose to give my *CSBank Online* access code and password to.

I accept the *CSBank Online* Internet Banking Agreement and Disclosure Statement and request that I be enrolled in *CSBank Online*. As stated in the *CSBank Online* Internet Banking Agreement and Disclosure Statement, I understand that I must use *CSBank Online* at least once every 60 days in order to remain activated on the Internet Banking system. A \$10.00 fee will be assessed to re-enroll.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

<b>Office Use Only</b>
Port # _____
Name Line # _____
Emp Initials _____
Date Access ID Sent _____
Date Password Sent _____