



PERSONAL ENROLLMENT FORM

Sutter Community Bank *Connected* to **OnLine Banking**

Name: _____ SSN: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Daytime Phone: _____

E-mail Address: _____ (Required for Bill Pay)

Accounts to access: _____, _____, _____.

View Account Balances: View account details, make transfers, enter stop payments & contact us.

Add Bill Pay:
You can pay virtually anyone you would normally pay by check or automatic debit.

Account for Bill Pay: _____

E-Statements:
You can view your safe and secure E-Statement online instead of receiving a paper statement in the mail.

Desired Username: _____ ** (This username will be used to access all of your accounts)

Security Question: _____ Security Answer: _____

By signing below:

I authorize Sutter Community Bank to issue a temporary password.

I recognize that I will be prompted to read & accept the online agreement and privacy policy put forth by Sutter Community Bank and if I agree to those terms I will be granted access to Sutter Connect.

Signature _____ **Date:** _____

**Each person on the account is required to sign their own individual agreement.

Bank Section: -----

Employee enrolling customer _____ Verified by: Signature Card _____ Personally Known _____ At account opening _____

Added to Sutter Connect by: _____ Date: _____ Verified by: _____ Date: _____