



PERSONAL MOBILE BANKING / INTERNET BANKING ENROLLMENT FORM

<input type="checkbox"/> New Enrollment		<input type="checkbox"/> Additional		RECEIVING BRANCH/OFFICE:	DATE SUBMITTED:
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	BIRTH DATE:		
HOME ADDRESS:					
CONTACT NUMBER 1:	CONTACT NUMBER 2:	MOBILE NUMBER 1:	MOBILE NUMBER 2:		
EMAIL ADDRESS:	USER NAME 1:	USER NAME 2:	USER NAME 3:		

Account Number <u>Current / Savings Account</u>	Type of Account (SA/CA)	ENROLLMENT (Y/N)		Allow Debit/Fund Transfer (Y/N)		Remarks (For EQB use only)
		Mobile	Internet	Mobile	Internet	
1 _____						_____
2 _____						_____
3 _____						_____

Card Number <u>Prepaid/Credit/Gift/Rewards</u>	Type of Card	ENROLLMENT (Y/N)		Allow Debit/Fund Transfer (Y/N)		Remarks (For EQB use only)
		Mobile	Internet	Mobile	Internet	
1 _____						_____
2 _____						_____
3 _____						_____
4 _____						_____

TD/PN Number <u>Time Deposit/Loan</u>	Type of Account (TD/L)	Remarks (For EQB use only)
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

I/We hereby certify that the information given by me/us is true and correct, and that, I/we agree to the terms and conditions governing the use of the Mobile/Internet Banking Service of Equicom Savings Bank, Inc.

Signature of Client / Depositor

Signature of Client / Co-Depositor

PROCESSED/VERIFIED BY/DATE: _____ Signature over Printed Name	APPROVED BY/DATE: _____ Signature over Printed Name	ACTIVATED BY/DATE: _____ Signature over Printed Name
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