

The Gratz Bank

Internet Banking Application

- Access requested on: Own Behalf - Complete Part I and II
- Behalf of Business/Organization – Complete Part III
- Check this Box if Business/Organization Accounts will be created under Individual User ID instead of Business specific User ID –Complete Part I and III**
-

Part I:

Customer Name: _____

Social Security Number: _____ Date of Birth: _____

E-Mail Address: _____

User ID Requested: _____

USER ID MUST CONTAIN MINIMUM 6 IN LENGTH, COMBINATION OF NUMBERS AND LETTERS

Street Address (No P.O. Box): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Please note:

When your application is processed, you will receive an email with a temporary password to access your Internet Banking.

If you experience difficulty logging in the first time, please email operations@gratzbank.com. You will be assisted within 24 hours on a normal business day.

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Part II:

Please list all account numbers on which you are an **owner** and would like access:

By signing below, I certify that this information is true and correct. I acknowledge that in consideration of The Gratz Bank accepting this account and any other accounts or services, whether existing or new, I agree and acknowledge I have received and am bound by the Truth in Savings Disclosure, Electronic Funds Disclosure, Internet Banking Terms and Conditions, and other disclosures governing such accounts or services, as amended from time to time and any other account opening documentation executed by me with the bank. All instructions delivered through and by my Internet Banking Access will be deemed to be my written authorization to charge or credit my accounts for transactions indicated.

Account Owner's Signature (All Account Owners must sign prior to submitting)

Account Owner

Account Owner

Account Owner

Account Owner

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Part III:

Business/Organization Name: _____

Email Address: _____

EIN: _____ User ID Requested: _____

USER ID MUST CONTAIN MINIMUM 6 IN LENGTH, COMBINATION OF NUMBERS AND LETTERS

Street Address (No P.O. Box): _____

City: _____ State: _____ Zip: _____

Business/Organization Phone: _____ Fax#: _____

Current Officers (Please attach a copy of minutes approving Board Members/Officers)

President: _____ Vice President: _____

Treasurer: _____ Secretary: _____

By signing below, I certify that this information is true and correct. I acknowledge that in consideration of The Gratz Bank accepting this account and any other accounts or services, whether existing or new, I agree and acknowledge I have received and am bound by the Truth in Savings Disclosure, Electronic Funds Disclosure, Internet Banking Terms and Conditions, and other disclosures governing such accounts or services, as amended from time to time and any other account opening documentation executed by me with the bank. All instructions delivered through and by my Internet Banking Access will be deemed to be my written authorization to charge or credit my accounts for transactions indicated.

Please list all account numbers on which you are an Owner, Officer and/or Authorized Signer and would like access:

Account Owner's, Officers and Authorized Signers Signatures (All Account Owners, Officers and Authorized Signers must sign prior to submitting)

Account Signer

Account Signer

Account Signer

Account Signer