



**The Foothills Bank**  
*Banking With a Personal Touch*

**E-Com**  
**On-Line Banking**

**On-Line Banking Enrollment Form**

_____	_____	_____
<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
_____		_____
E-Mail Address		Home Address (Do not use P.O. Box)
_____		_____
Home Phone Number		_____
_____		_____
Business/Work Phone Number(s)		_____

**The Foothills Bank Account Information**

_____	_____	_____
Account Type	Account Number	Account Name(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

**All Account owners or authorized signers must sign below.**

I/We understand that submission of this form only constitutes application for enrollment in the Services. I/We understand that the information I/we provide will be verified and that the Terms and Conditions for Internet Banking Agreement and Disclosure will be provided to me/us for our review and acceptance. I/We understand that The Foothills Bank may, at its sole discretion, request for additional documentation from me/us to complete this enrollment process.

_____	_____	_____
Customer Name	Customer Signature	Date
_____	_____	_____
Customer Name	Customer Signature	Date
_____	_____	_____
Customer Name	Customer Signature	Date
_____	_____	_____

**Bank Use Only**

Received by: _____	Processing Officer: _____	Date Processed: _____
Name Line #: _____	Reviewing Officer: _____	Date Reviewed: _____
Port #: _____	Date Packet Mailed: _____	Mailed By: _____

Mail or fax this form to:

**The Foothills Bank**  
 On-Line Banking  
 11689 Foothills Blvd., Yuma, AZ 85367  
 tel (928) 305-5000 fax (928) 305-0905  
 e-mail: [online@thefoothillsbank.com](mailto:online@thefoothillsbank.com)