

INTERNET BANKING ENROLLMENT FORM

THE WARRINGTON BANK

P.O. BOX 4877

PENSACOLA, FL 32507

PH. (850) 455-7351 FAX (850) 456-9959 E-MAIL

warrington@warringtonbank.com

(<http://www.warringtonbank.com>)

Name: _____ SS#

Co-applicant Name: _____ SS#

Mailing Address: _____ City, State Zip

Home Phone: _____ E-Mail Address: _____ Fax: _____

Unless you specify otherwise, all of your accounts with The Warrington Bank will be available via the Internet. Please notify us if you wish to restrict access to any account.

Your Customer ID will be mailed to you within two business days of receipt of this application.

Your Temporary Password will be the last four digits of the first applicant's SSN. The first time you log-on you will be prompted to change this Temporary Password.

Signatures:

By signing below, I (we) hereby authorize The Warrington Bank to make my account information available via NETTELLER™ Internet Banking. I (we) hereby acknowledge receipt of the Internet Banking Agreement and Disclosure Statement as provided by The Warrington Bank.

Would you be interested in a computer bill paying service? Yes _____ No

FOR BANK USE ONLY:

Date entered:

Initials: