

**COLORADO VALLEY BANK<sub>SSB</sub>**  
**ONLINE BANKING APPLICATION**

Please mail or bring the completed application to:  
Colorado Valley Bank  
Attn: New Accounts Department  
P.O. Box 796 / 143 North Main Street  
La Grange, TX 78945  
We will notify you when your application has been approved.

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Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email  
Address \_\_\_\_\_

Drivers License or ID number \_\_\_\_\_

*Accounts to be accessed:*

Account number \_\_\_\_\_ Access required\* \_\_\_\_\_

Account number \_\_\_\_\_ Access required\* \_\_\_\_\_

Account number \_\_\_\_\_ Access required\* \_\_\_\_\_

\*Access requested definitions:

**Complete Access**-access to account balances, transaction history, and transfers to and from this account.

**View only access**-access balance and transaction history only.

**Limited Transfer Access**-access to account balance, transaction history, and ability to transfer money to this account.

I have read, understand, and agree to the terms set forth in the Colorado Valley Bank Online Banking Agreement. By signing this application I acknowledge, and agree to those terms and conditions. I further agree that I am an authorized signer on the accounts listed above, and I request to be granted access to Colorado Valley Bank's Online banking program.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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***For bank use only***

Employee initials \_\_\_\_\_ Date \_\_\_\_\_