

SERVICES REQUEST FORM

Account Holder #1

Name	
Address	
City, State, Zip	
Telephone	
E-Mail	
D.O.B	
SSN #	

Account Holder #2

Name	
Address	
City, State, Zip	
Telephone	
E-Mail	
D.O.B	
SSN #	

INTERNET BANKING

Must have a checking account to enroll in Internet Banking

I/We wish to sign up the following accounts listed below.

Account Number	Account Number	Account Number	Account Number

E-STATEMENTS

Only for a checking or statement savings account.

I/We wish to receive E-Statements on the following account with a valid e-mail address.

Account Number	E-Mail Address

BILL PAY

You are required to have a checking account in order to perform transactions through Colonial Bill Pay. All other accounts will not qualify.

I/We wish to set up the following account to pay bills.

Account Number

Voice Banking

I/We wish to set up the following accounts for inquiry/funds transfer on Colonial Co-operative Bank's Voice Banking.

Account Type	Account Number

Please notify Colonial Co-operative Bank with any changes to your name, address, e-mail address, and any additions or deletions related to any of the services.

DISCLOSURES

I/We have received and agree to the following terms and conditions outlined in the disclosures and to have the above listed accounts set up.

INTERNET BANKING

You will be required to accept Colonial Co-operative Bank's Internet Banking disclosure upon enrollment.

- Your Deposit Account Disclosure
- You must provide written notice via mail or hand delivered if you wish to cancel or change this authorization.

E-STATEMENTS

- Your Deposit Account Disclosure
- E-Statement Disclosure

You must provide written notice via mail or hand delivered if you wish to cancel or change this authorization.

Bill Pay

You will be required to accept Colonial Co-operative Bank's Bill Pay disclosure upon enrollment.

Your Deposit Account Disclosure

You must provide written notice via mail or hand delivered if you wish to cancel or change this authorization.

Voice Banking

Your Deposit Account Disclosure

You will be required to change your security code to any four digit number other than the original SSN or Tax ID number.

You must provide written notice via mail or hand delivered if you wish to cancel or change this authorization.

All owners on the account(s) must sign this completed form if enrolling in Internet Banking.

Signature

Signature

Date: _____