

ONLINE BANKING SERVICE APPLICATION

Account
Holder:

Financial Institution: MANHATTAN BANK
PO Box 690
124 S Broadway
Manhattan, MT 59741

ONLINE BANKING AUTHORIZED USERS

Customer Name: _____ SSN: _____

Customer Name: _____ SSN: _____

Address: _____

Home Phone: _____ Work Phone: _____

ACCOUNT INFORMATION AND INSTRUCTIONS

Account(s) to Access with Online Banking Service:

The Online Banking Service may be setup/enabled with the following features:

Transfer Funds Between Eligible Accts.
Review Transactions on Eligible Accts.
Obtain Copy of Statement
Finance Manager

Obtain Balance Info. on Eligible Accts.
Make Loan Payments
Allow Export of Transaction History to Personal

Netteller Authorization Agreement

By signing this document, I authorize Manhattan Bank to issue a temporary Password on my behalf, which I will be required to change to a private password the first time I log into the system. The assigned Personal ID and Password gives access to only certain Manhattan Bank accounts. Your account will become active after midnight the day of processing.

YOU ARE SOLELY RESPONSIBLE FOR MAINTAINING THE SECURITY AND CONFIDENTIALITY OF YOUR PERSONAL ID AND PASSWORD. IF YOU PROVIDE ANOTHER PERSON WITH THE MEANS AND NECESSARY INFORMATION TO ACCESS YOUR ACCOUNTS VIA MANHATTAN BANK'S INTERNET BANKING, YOU WILL BE RESPONSIBLE FOR ALL TRANSACTIONS USING THAT PASSWORD UNTIL DISABLED OR REVOKED IN ACCORDANCE WITH THE BANK'S PROCEDURES. FOR YOUR PROTECTION, MANHATTAN BANK MAY DISABLE ANY IDs OR PASSWORDS THAT HAVE NOT BEEN USED FOR 90 DAYS.

To change/disable/revoke your Password contact Manhattan Bank immediately. You can contact us at: 406-284-3255 (Business Hours only) or service @manhattanbank.com.

Special Instructions or Provisions: _____

AUTHORIZATION

I/We (the Account Holder(s)) apply for the online banking service to be used in conjunction with the accounts listed above. I/We understand that this online banking service will be setup (pursuant to my/our instructions) with the functions, features, and/or additional provisions indicated above and that my/our use of this service will be subject to the terms and conditions contained in the Netteller Authorization Agreement. I/We authorize the Financial Institution to make any investigation of my/our credit either directly or through any agency. I/We understand that the Financial Institution will retain this application and any credit information, even if I/we am/are not approved for this online banking service. I agree not to use this service in any illegal activity.

ACCOUNT HOLDER:

X _____ X _____
Authorized Signer Date Authorized Signer Date

**ONLINE BANKING SERVICE APPLICATION
(Continued)**

FOR INSTITUTION USE ONLY

Date Taken: _____

By: _____

Date Approved: _____

By: _____

Login Name Assigned _____

Login Name Assigned _____

Data Entry Date: _____

By: _____