

FIRST BANK AND TRUST COMPANY
FIRST FONE BANKING
AUTHORIZATION FORM

Personal/Business Information:

Name: _____

Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (____) _____

Home Phone: (____) _____

Email Address: _____

Mother's Maiden Name: _____

Pick one security question to answer:

First child's middle name _____

Pet's name _____

Father's middle name _____

Please select a 4-digit Personal Identification Number (PIN) for confidential access to your account. This should be a number you will remember, as it will not be printed on any communications.

I agree to the terms set forth in the First Fone Banking disclosures provided to me at the time of enrollment and certify that I have read them thoroughly. My use of any online or phone banking service is acknowledgement that I have received these agreements and intend to be bound by them as well as the terms set forth in my deposit account agreement and electronic funds transfer disclosure. First Bank & Trust Company may modify the terms and conditions to any service from time to time. This agreement is governed by the laws of the State of Oklahoma and U.S. Law.

Applicant's Signature

Date

**We must have your signature on this form to process your enrollment.