

# ALL American Bank

## Application for Online Banking System

Please complete this application in full and return it to our office by mail or FAX at this address or FAX number. 9380 West Ballard Road, Des Plaines, Illinois 60016-4904 FAX 847-297-8007

If your account is jointly held and the co-owner wishes to use this service, the joint tenant must also complete this application. Upon approval of your application we will provide you instructions on how to set up your account on-line.

If you have any questions about this application please contact Eliza Aleman, Branch Manager at 847-227-5477 or e-mail at [ealeman@aabnk.com](mailto:ealeman@aabnk.com).

DEPOSITOR	JOINT DEPOSITOR
Name:	Name:
Address:	Address:
City, State & Zip	City, State & Zip:
Home Telephone:	Home Telephone:
Work Telephone:	Work Telephone:
Date of Birth:	Date of Birth:
Social Security Number:	Social Security Number:
E-Mail:	E-Mail:
Account Number:	Account Number:
Type of Account:	Type of Account:
Account Number:	Account Number:
Type of Account:	Type of Account:
Account Number:	Account Number:
Type of Account:	Type of Account:

Government regulations require that we make disclosures available to you when you apply for an online banking account with ALL American Bank. When you open an account at our office you will be provided with a copy of the disclosures. If you apply by mail and your application is approved we will mail you the disclosures that explain your rights and responsibilities under the Electronic Funds Transfer Act.

Signature(s): By signing below you acknowledge receipt of the disclosures and agree to the terms and conditions of the service, including any fees and charges.

\_\_\_\_\_  
Signature of Depositor

\_\_\_\_\_  
Signature of Joint Depositor

\_\_\_\_\_  
Date