



Tri- County Bank &Trust Online and Mobile Banking Application

Applicant Name _____
(Business name if applicable)

Address _____ City,State,Zip _____

SS or TIN # _____ Phone # _____

Email Address _____

Co-Applicant Name _____
(If applicable)

Address _____ City,State,Zip _____

SS# _____ Phone # _____

Email Address _____

Do both Applicants wish to have a TABS ID? **Applicant** _____YES _____NO **Co-Applicant** _____Yes _____No

Online Banking Application Terms

By signing this form, I agree the information I have provided is correct and agree to the terms and conditions of this service, including any fee or charges. I authorize Tri-County Bank to verify any information on this application. I understand that anyone I may share my ID and password with will have access to my account(s). Also, I accept the responsibility for the confidentiality and security of my password.

Applicant Signature _____ Date _____

Co Applicant Signature _____ Date _____

Please mail to Tri-County Bank, PO Box 218, Roachdale IN 46172 or deliver to any Tri-County Bank Office