

PIONEER ONLINE BANKING APPLICATION

This form can be returned to any of our locations or mailed to: P.O. Box 1360· 125 E Colorado Blvd Ste 1A· Spearfish· South Dakota · 57783

LAST NAME	FIRST	MI	SOCIAL SECURITY NO.	HOME PHON	NE BUS PHONE	CELL PHONE
ADDRESS	CITY		STATE	ZIP	E MAIL ADDRESS	
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Security Phrase					(only needed for eState	ement Service)
FOR BANK USE: ACCEPTED BY:	DATE				CIF#	_
application and allow accesshall be governed by the conditions or amendments. The Undersigned agrees to	tion provided is true a ess to all the accounts l printed terms and con thereto, as may be esta of the terms stated abov OUR LIABILITY' an	I am an ditions ablishere and i	rect. I authorize Pioneer In authorized signer on and sof the PIONEER ONLING by Pioneer Bank & Trust in the PIONEER ONLINE OUR RESPONSIBILITY I	listed above. The E BANKING AC when they are co BANKING AGR	e use of PIONEER ON GREEMENT and such Immunicated to me in v EEMENT. I have rea	LINE BANKIN n other terms an writing. d and agree to the
Signature					Date	

Pioneer form ONLAPP Rev 8/2013