



311 North Arnold Avenue
Prestonsburg, KY 41653
Phone: 606-886-2321 or toll-free 1-877-886-6777
Fax Number: 606-886-2659

First Access Online Banking Enrollment Form

The information received on this Enrollment Form will be used exclusively to process the application for Online Banking Enrollment. Please refer to the [Security & Privacy Statement](#) for further information on privacy.

Attention: Please fill out the form on your computer then print it. Sign the bottom of the form and then either fax or mail the form using the contact information above.

Ownership Information

Personal Commercial

First Name/Company Name _____

Last Name _____

Email Address _____

Social Security #/EIN _____

Street Address _____

City, State _____, _____

ZIP-plus 4 _____

Home Phone Number _____

Birth Date _____

Commercial Cash Management and Bill Pay \$25/Month

Online Banking Account List

Account Number	Account Type
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Account to be debited for monthly charges and bill pay fees.

Account Number	Account Type
_____	_____

By signing below, I agree to accept disclosure notices electronically. By signing below, I authorize and direct First Commonwealth Bank to set up the above accounts for the Funds Transfer/Bill Pay features on First Commonwealth Bank's Internet Banking System.

First Account holder's signature:

X _____

Second Account holder's signature:

X _____

For Bank Use Only

Date Received: _____

User ID: _____

Processed by: _____

Approved: _____

ID/Password Mailed: _____