Seacoast Commerce Bank
NetTeller
Enrollment Form

To sign up for *Seacoast Commerce Bank, NetTeller,* home banking services, please print this Enrollment Form and the accompanying Agreement Form, and complete, sign, date and mail them to:

Seacoast Commerce Bank
678 3rd Avenue, Suite 101
Chula Vista, Ca 91910

Customer Information

Name: _____ SSN: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
E-mail: _____ Mother's Maiden Name _____

Name: _____ SSN: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
E-mail: _____ Mother's Maiden Name _____

Requested Services

[ ] Basic On Line Banking
Access account balances, transfer money and conduct common banking tasks on-line.

[ ] Bill Payment

Account Information

Please identify all of your Seacoast Commerce Bank accounts you wish to access through *NetTeller.*

Account Number	**Account Description** As you identify this account. (e.g., Vacation Account)	**Account Type** Checking, Savings, CD, Line of Credit
(P) _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
(P) Indicates your Primary Checking Account, which will be debited for applicable fees (if any).		

Agreement

By signing below, each of us confirms that: (a) I/we have downloaded or copied the Seacoast Commerce Bank NetTeller Banking Agreement; (b) I/we have read the Agreement and agree to be bound by its terms; (c) any authorized signer on any of the accounts listed above may access and conduct on-line transactions involving any of the accounts listed above; (d) you may issue a password to each of the authorized signers on the accounts. NOTE: All account owners must sign below.

Customer Signature: _____ Date: _____

Customer Signature: _____ Date: _____

For Bank Use Only
Approval: _____ Date: _____