

Lone Star OnLine Enrollment Form

Customer Name:

Last	First	Middle
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Street Address	City	State	Zip
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Social Security Number	Daytime Phone
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E-Mail Address _____

Please list all of the accounts below that you would like to have access to.

Account Number	Type of Account	On-Line Transfer Avail.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By signing below, I request to be enrolled in Lone Star OnLine (www.lsbtxas.com). I certify that the information above is true and correct, and I authorize Lone Star Bank to verify any information included in this application. I authorize Lone Star Bank to allow Internet access only to accounts that I am a signer on, and that are listed above. The use of Lone Star OnLine shall be governed by the Deposit Account Disclosure and such other terms and conditions or amendments thereto, as may be established by Lone Star Bank and communicated in writing to me. I understand that account security is controlled by the log in ID and Personal Identification Number (PIN) which is the last four digits of the primary accountholder social security/tax ID number. My PIN must be changed the first time I log onto Lone Star OnLine. I will protect my log in ID and PIN and hold the bank harmless from any unauthorized use. Any information downloaded by me becomes my personal property and responsibility.

I have read the Deposit Account Disclosure, and I understand its contents.

_____	Date	_____	Date
Account(s) Owner Signature		Joint Account(s) Owner Signature	

Bank Use Only: Input Date _____	Input By _____
Date Processed _____	Processed By _____
Lone Star OnLine ID# _____	CIF# _____