



LONE STAR BANK

Last	First	Middle
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Address	City	State	Zip
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Social Security #	Driver's License #
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Phone:	Home	Mobile	Work
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Email Address

Online Enrollment

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

Account Number	Account Type	On-Line Transfer Availability	Bill Pay
_____	_____	_____	_____
_____	_____	_____	_____

Visa Debit/ ATM Card

___ I am applying for a Visa Debit Card / Primary Checking Account number: _____

___ I am applying for a ATM Card / Primary Checking Account number: _____

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

Account(s) Owner Signature	Date
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Joint Account(s) Owner Signature	Date
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LONE STAR BANK

Initial _____

Online Agreement:

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 amendment 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 are 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 login ID and PIN and hold the bank harmless from any unauthorized use. Any information downloaded by me becomes my personal property and responsibility. I understand it is my responsibility to keep all devices I use for online banking secured at all times which includes but not limited to: insuring antivirus protection is installed and updated regularly, remotely wipe devices to insure information is not stored on the device unexpectedly, contact bank immediately if device has been lost or stolen and do not store login or passwords on the device.

Initial _____

AGREEMENT:

I must be a signer on each account listed above. Depositor (whether one or more) hereby applies to bank for an electronic device ("Access Device"), and additional Access Devices for the authorized person(s) indicated above, to access the account(s) listed above and to perform such other banking functions with the Access Device as are described in the Electronic Fund Transfers Agreement and Deposit Account Disclosure.

Depositor, and any authorized person(s) indicated above, have received a copy of the Electronic Fund Transfers Agreement and Deposit Account Disclosure (as applicable), and governing Truth in Savings Disclosures/Schedule of Fees and Services (as applicable) and agrees to be bound by the terms and conditions contained therein, as they may be amended from time to time by Bank, and to pay all fees that may be assessed in connection with the issuance, maintenance, and/or use of the Access Device(s). Depositor and any authorized person(s) indicated above, agrees to immediately notify Lone Star Bank should the Access Device become lost or stolen. Depositor, and any authorized person(s) indicated above, agrees not to release the Access Device or corresponding personal identification number to any person not specifically named herein.

Initial _____

AUTHORIZATION:

By signing below, I am applying for an ATM Card or ATM/Visa Debit Card. If I have requested a second card for another account holder, my signature below authorizes an additional card to be issued. I, and any authorized person(s) indicated above, have received a copy of the Electronic Funds Transfers Agreement and Disclosure and agree to be bound by the terms and conditions contained therein, as they may be amended from time to time by Bank, and to pay all fees that may be assessed in connection with the issuance, maintenance, and/or use of the Access Devices(s). Depositor also authorizes Bank to check credit and employment history should it deem necessary.

FOR BANK USE ONLY

Online Enrollment	Debit/ATM Card
Input Date:	Approved by:
Input By:	Date:
Date Processed:	Card Number:
Processed By:	CIF#:
Lone Star Online ID#	Reason: ___ Damaged Card ___ Name Correction
CIF#	___ Lost/Stolen Card ___ Other: _____