



AUTHORIZATION FOR TRANSFER OF FUNDS
THROUGH PEOPLES STATE BANK OF MUNISING

“PSB Consumer eBanking”

I desire access through PSB Consumer eBanking to my account information at Peoples State Bank of Munising including checking, savings and loan accounts. I understand that PSB Consumer eBanking will allow the transfer of funds between checking and savings accounts and allow me to make loan payments to my loan account. I further understand that access is gained by enrolling in PSB Consumer eBanking and assigning myself an I.D. and Password of my choosing. I acknowledge and understand that access to my accounts through PSB Consumer eBanking may be gained by any person in possession of my I.D. and Password.

I agree not to use PSB Consumer eBanking to transfer or gain access to information on any account on which I am not an authorized signer. I further agree to restrict the distribution of my I.D. and Password to unauthorized individuals. I agree to indemnify and hold harmless the Peoples State Bank of Munising from and against any claims, damage or causes of action arising from the unauthorized use of this service which results from inappropriate distribution of my I.D. and/or password.

Authorized and agreed to this _____ day of _____ 20 _____

NAME: _____

ACCOUNT NUMBERS:	Sending Account:	Receiving Account:
	_____	_____
	_____	_____
	_____	_____
	_____	_____

CUSTOMER SIGNATURE: _____

MAIL TO: Peoples State Bank of Munising
Attn: Deposit Operations Department
P.O. Box 158
Munising, MI 49862

OR DROP OFF AT ANY BRANCH OFFICE

BRANCH USE:

BRANCH: _____ EMPLOYEE: _____ DATE: _____