



FREEDOM ACCESS APPLICATION FORM

NOTE: Must be an Independence National Bank customer to apply. Please complete the application, sign, and return to the address below or directly to the bank. Forms are also available at the bank.

ACCOUNT OWNER/SIGNER INFORMATION

Please provide information for each account owner or signer on an account(s) that will need an Access ID created for Freedom Access. *indicates a required field

*Name - Primary Account Owner/Signer	*Name - Primary Joint Account Owner/Signer
Additional Account Owner/Signer	Additional Account Owner/Signer
Additional Account Owner/Signer	Additional Account Owner/Signer
*Social Security Number	*Social Security Number
*Date of Birth	*Date of Birth
*Mailing Address	*Mailing Address
Mailing Address cont.	Mailing Address cont.
*City *State *Zip Code	*City *State *Zip Code
*Email	*Email
Daytime Phone	Daytime Phone
*Account Number	*Account Number
Additional Account:	Additional Account:

Please select Preferred USER ID
 (Must be between 6-12 characters in length)
NOTICE: This USER ID is Case Sensitive

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 (Must be between 6-12 characters in length)
NOTICE: This USER ID is Case Sensitive

SECURITY & PRIVACY CONTROL

For security and identification purposes please provide a security question and answer to be used to confirm rights to make adjustments to your Freedom Access Account. (ie. Favorite sport, City of birth, Your secret word, etc.)

PROVIDE A SECURITY QUESTION:

PROVIDE SECURITY QUESTION ANSWER:

PROVIDE A SECURITY QUESTION:

PROVIDE SECURITY QUESTION ANSWER:

I (We, if joint account holder) have reviewed the "Online Banking Terms and Conditions Agreement" for Independence National Bank and accept such terms and conditions. By using online financial services provided by Independence National Bank, I/We agree to abide by the terms and conditions agreement.

Signature-Primary Account Owner/Signer

Signature-Joint Account Owner/Signer

Upon receipt of completed application, a Freedom Access Welcome Letter will be mailed to the applicant(s) to the address on file with Independence National Bank. This letter will include your first time logon instructions and temporary password.

Return Application to: Independence National Bank, PO BOX 1776, GREENVILLE, SC 29602

FOR INDEPENDENCE NATIONAL BANK USE ONLY

DATE REC.	PORT#	LINE #	DATE:
PROCESSED:	PROCESSED BY:		