OnlineAdvantage® Application

FOR INTERNAL USE ONLY:

ID VERIFIED BY _____ DATE _____

EACH APPLICATION PROVIDES INDIVIDUAL ACCESS TO DESIGNATED ACCOUNTS.
IMPORTANT: PLEASE PRINT, FILL IN **ALL** BLANKS, AND INDICATE N/A WHERE NOT APPLICABLE.

❑ Mr. ❑ Mrs. ❑ Miss ❑ Ms.

(Please Print) LAST NAME	FIRST NAME	MIDDLE INITIAL	SUFFIX (Jr., IV)

ADDRESS	CITY

STATE	ZIP CODE	SOCIAL SECURITY NUMBER **(MUST BE COMPLETED)**	BIRTH DATE (MO./DAY/YR.) **(MUST BE COMPLETED)**

HOME TELEPHONE NO.	BUSINESS TELEPHONE NO.	EMAIL ADDRESS **(MUST BE COMPLETED)**

TO VIEW BANK OF LANCASTER VISA® CREDIT CARD ACCOUNT(S), LIST THE CARD NUMBER(S) BELOW:

VISA ACCOUNT NUMBER(S): _____ _____

IF YOU WOULD LIKE ACCESS TO *ALL OF YOUR ACCOUNTS,* CHECK THE FIRST BOX BELOW. IF YOU WISH TO LIMIT THE ACCOUNTS THAT YOU ACCESS, CHECK THE SECOND BOX AND LIST BELOW THE ACCOUNT NUMBER(S).

☐ VIEW ALL ACCOUNTS

☐ VIEW SELECT ACCOUNT(S): _____ _____

_____ _____

_____ _____

E-STATEMENTS (eVue ADVANTAGE)

FOR INSTANT AND SECURE ACCESS OF YOUR MONTHLY STATEMENTS THROUGH ONLINEADVANTAGE, PLEASE CHECK THE "YES" BOX BELOW. OTHERWISE, PLEASE CHECK "NO".

☐ YES, I WOULD LIKE TO ACCESS MY MONTHLY STATEMENTS ELECTRONICALLY THROUGH ONLINEADVANTAGE AND I ACKNOWLEDGE THAT I WILL NO LONGER RECEIVE PRINTED STATEMENTS THROUGH THE MAIL.

☐ NO, I WISH TO CONTINUE RECEIVING MY PRINTED MONTHLY STATEMENTS THROUGH THE MAIL.

I am applying to Bank of Lancaster for the ONLINEADVANTAGE service. If this application is accepted and ONLINEADVANTAGE is activated, the undersigned applicant by signing, using, or permitting another to use ONLINEADVANTAGE agrees that the applicant will be bound by the terms and conditions of the ONLINEADVANTAGE Agreement and Disclosure. Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved.

X_____ _____
Signature Date