



MARINE BANK

ONLINE BANKING SIGNATURE CARD

Customer Name: _____ Telephone #: _____

I understand that for my online banking to be established I am responsible for the following:

- 1) Completing the online application found at www.ibankmarine.com.
- 2) Returning this form to a Marine Bank Branch or by mail to:

Marine Bank
Attn: Online Banking Department
3050 Wabash Ave
Springfield, IL 62704-6413

I understand that my signature will be verified with the information Marine Bank has on file when my account was originally opened.

Customer Signature: _____ Date: _____

Social Security Number: _____

Once this form has been processed you will receive an email from support@ibankmarine.com with your final instructions.

Signature Verified By: _____ Date: _____