

**CITYWIDE BANKS**  
**OnlineOption™, Online Bill Pay, and VoiceChoice™ 24 HOUR BANKING**  
**CONSUMER INQUIRY AND FUNDS TRANSFER and ONLINE BILL PAY AUTHORIZATION**  
[www.citywidebanks.com](http://www.citywidebanks.com)  
**VoiceChoice (303) 364-6000**

Please TYPE or PRINT neatly.

Account Title: \_\_\_\_\_  
 Joint Account Owners: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 City / State & Zip \_\_\_\_\_ SSN or TIN: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Primary Account Number: \_\_\_\_\_ **If applicable, your Bill Pay Service fee will be charged to this account.**

**OnlineOption™ REFERENCE NAMES**

All accounts you maintain with Citywide Banks, unless designated otherwise, will be displayed through **OnlineOption™** using a sequence number (pseudo account name). This provides an additional level of security by ensuring that your actual account numbers will never be displayed. **OnlineOption™** provides you with the ability to change the sequence number (pseudo account name) to a 20-digit alpha/numeric "Reference Name" of your choice to assist you in the identification of each account (e.g. Household Account, Tax Account, Vacation Account, etc.).

**OnlineOption™ and VoiceChoice™ TRANSFER OPTIONS** The following transfer options are available:

Checking to checking, savings, money market, or loan (loan includes Ready Resource for **OnlineOption™** ONLY – Not accessible through **VoiceChoice™**);  
 Savings to checking, savings, money market, or loan (loan includes Ready Resource);  
 Money market to checking, savings, money market, or loan (loan includes Ready Resource);  
 Ready Resource to a checking, savings, or money market (**OnlineOption™** ONLY – Not accessible through **VoiceChoice™**)

**OnlineOption™, Online Bill Pay, and VoiceChoice™ TRANSACTIONS**

**We CANNOT monitor any signature restrictions on your accounts via OnlineOption™, Online Bill Pay or VoiceChoice™ (e.g. two signatures required, etc.), and you hereby waive any such restrictions with respect to use of these services.** Savings and Money Market accounts are limited to six transfers and withdrawals, or a combination of such, per monthly cycle to another account of the depositor at the same institution or to a third party by means of a preauthorized or automatic transfer, or telephonic agreement, order or instruction or by check, draft, debit card, or similar order.

I/we authorize Citywide Banks to post payment transactions generated by the **Online Bill Pay** service to designated accounts and the monthly charge associated with this service to my Primary Account. I/we understand that **PAYMENTS MUST BE INITIATED FIVE (5) DAYS PRIOR TO THEIR DUE DATE IF MADE ELECTRONICALLY, AND TEN (10) DAYS PRIOR IF MADE BY CHECK.**

I/we understand that it may take 3 to 5 business days after this application is received by the Bank before I/we receive an "OnlineOption™" ID in the mail. The first time you access **OnlineOption™** and **VoiceChoice™**, your PIN/Password will be the last 4 digits of the primary account holder's Social Security Number/Taxpayer Identification Number. At that time, you will be required to change the PIN/Password to one of your choice on each system. You can change the initial **OnlineOption™** Access ID through **OnlineOption™** to an Access ID of your choice.

**I understand it is my responsibility to safeguard and manage any and all PINs/Passwords associated with these services. I acknowledge that the bank has advised me to change my PINs/Passwords on a routine basis. I also understand the bank reserves the right to require me to change my passwords and I could be prompted to do so at any time.**

Signing this authorization allows the Bank to establish all accounts you maintain, unless you designate otherwise, for INQUIRY and/or FUNDS TRANSFER through **OnlineOption™, Online Bill Pay** (primary account only, unless designated otherwise), and **VoiceChoice™**. I understand that I will be charged a monthly fee for the **Online Bill Pay** service, if selected, as disclosed on the Fee Schedule that is included with the **OnlineOption™, Online Bill Pay** and **VoiceChoice™** Agreement. By acceptance and use of the **OnlineOption™, Online Bill Pay** and/or **VoiceChoice™** system(s), I/we acknowledge that I/we have read, understand, and accept all of the terms, agreements, liabilities, and regulations set forth in the **OnlineOption™, Online Bill Pay, and VoiceChoice™** Agreement provided to me/us prior to accessing **OnlineOption™, Online Bill Pay, and/or VoiceChoice™** and incorporated herein by reference.

**YES! Sign me up for:**     **OnlineOption™**                       **Online Bill Pay (fees apply)**                       **VoiceChoice™**

Signature of Authorized Party	Date	Signature of Authorized Party	Date
Printed Name		Printed Name	

**I acknowledge receipt of my Online Option Banking ID and PIN number and disclosures.**

**FOR BANK USE ONLY:**

OnlineOption ID # 7111	_____		
Signature(s) Verified	By _____	Date _____	
VoiceChoice Set-up	Input by _____	Date _____	
OnlineOption Set-up	Input by _____	Date _____	
Bill Pay = Y	Input by _____	Date _____	(Only if requested!)
Miscellaneous Account P	Input by _____	Date _____	(Only if Bill Pay requested!)
Imaged	By _____	Date _____	