

## Community Capital Bank Personal Online Banking Enrollment Form

To enroll in Community Capital Bank's personal online banking services, please complete this enrollment form, sign and return to us at:

Community Capital Bank  
2236 Mt. Zion Road  
Jonesboro, Georgia 30236

On joint accounts, each signer must submit a separate application.  
To enroll in Business Online Banking, please contact one of our Customer Service Representatives.

### Customer Information

\*indicates a required field.

\* **Full Name** \_\_\_\_\_

\* **Address** \_\_\_\_\_

**Address** \_\_\_\_\_

\* **City** \_\_\_\_\_ \* **State** \_\_\_\_\_ \* **Zip** \_\_\_\_\_

\* **Daytime Phone** \_\_\_\_\_

**Evening Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

\* **Email Address** \_\_\_\_\_

\* **Date of Birth** \_\_\_\_\_

\* **Social Security Number** \_\_\_\_\_

For security and identification purposes please complete the following:

\* **Mother's Maiden Name** \_\_\_\_\_

\* **Preferred Contact Method** (we will advise you of your temporary access id and password)  
(check one)

\_\_\_\_\_ **Email**                      \_\_\_\_\_ **Phone**                      \_\_\_\_\_ **Mail**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By signing this form, I authorize Community Capital Bank to issue a temporary Access ID and Password on my behalf, which I must change to an Access ID and Password of my choosing the first time I log into Community Capital Bank Personal Online Banking.

#### Bank Use Only

Form received by		Port # and Name Line	
Date		Verified Information	
		Access ID	
		Customer notified	