



eAccess Online Banking & Bill Pay Application

Please list the following information as it appears on your First Reliance Bank Statement for the account you are applying for Online Services.

Primary Account Name SS# or Tax Identification Number

Secondary Name SS#

Address

City State Zip Code

If Business, Primary Contact: Please Print

Primary E-mail Address:

List below your First Reliance Bank accounts that you wish to have access to. (You must currently be a signer on the account(s).

Table with 2 columns: Account Number, Account Identification (Informational: Ex: Payroll, Personal, etc.)

(If additional accounts are needed, please attach a separate sheet).

I am applying to First Reliance Bank to establish Online Banking Services and, if approved, I authorize First Reliance Bank to process transactions for me as requested and post them to the designated account(s). I agree that my first use of the Online Banking Services will signify my acceptance of the terms on the agreements that we were provided when the account was opened. If any of the affected accounts are business accounts, I agree that the Bank is not responsible or liable for any unauthorized transfer from an account due to the failure by myself or any authorized person to maintain the security of the eAccess ID and/or eAccess PIN. If partnership, LLC, or corporation, all parties listed on the appropriate resolution must sign below.

Signature Print Name Date

Signature Print Name Date

Signature Print Name Date

Signature Print Name Date

eAccess Bill Pay Option

eAccess Bill Pay allows you to pay bills electronically using your computer. See the User Guide and Disclosure Statements for details.

Yes, sign me up for Bill Pay. I will receive this FREE service at no charge.

BANK USE ONLY FSR Initials CCS (New Account) OD90 (Existing Account)

eAccess I.D. Primary Account

Officer Signature: Date:

Operations Signature: Date: