



ONLINE BANKING | MAIL CODE: 10-421-OL3, P.O. BOX 12646, READING, PA 19612

ONLINE BANKING APPLICATION

Thank you for your interest in Online Banking!

Print and complete the enrollment form. Your identity will still need to be verified prior to submitting this form. Please visit your local Community Banking Office for verification and have the form forwarded to Online Banking.

Please be sure to read the terms of the [Online Banking Service Agreement](#) and indicate your acceptance by signing the application form. Please provide the following information. The information provided should appear as it does on your Sovereign Bank Statement.

Contact Information

Name:

Address:

City:

State:

Zip:

Home Phone:

Work Phone:

E-mail Address:

Identification Information

Date of Birth (MM/DD/YYYY):

Social Security Number:

Mother's Maiden Name:

Account Type

Account Number(s)

Checking

Installment Loan

Time Deposit

Savings

Line Of Credit

Options

To which features do you want access? Online Banking BillPay*

*In order to access the BillPay service, you must enroll for or already have access to the Online Banking service and have a primary or co-holder relationship to at least one Sovereign Bank checking account.

I fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1001, et seq. Furthermore, this signature indicates my agreement with the terms of the Online Banking Service Agreement.

Signature:

Date:

For Bank Use Only – 2 Forms of ID Required

CBO Representative Name:

CBO Number:

CBO Phone Number:

Fax Number:

Primary Form of ID:

Secondary Form of ID: