



INTERNET BANKING - ONLINE BILL PAYMENT AGREEMENT

To gain access to the First Citizens State Bank (Bank) Online Bill Payment Service, you must complete this Online Bill Payment Service Agreement Form and submit it to Bank for processing. The Internet Banking Online Bill Payment Agreement can be obtained from any office of the Bank, by logging on to www.firstcitizensww.com and going to Internet Banking and printing the document, or call us at 262-473-2112 or 800-236-8766. Once the agreement has been processed, a PAYMENTS button will appear inside your Internet Banking service, allowing you to begin instructing Bank to pay the items you submit for payment.

Further agreements for Bill Payment services will be found, and must be read and agreed to on-line when first using the service.

Equipment. You are responsible for obtaining, installing, maintaining and operating all computer hardware, software and Internet access services necessary for performing Internet Banking Services. Bank will not be responsible for any errors or failures from the malfunction or failure of your hardware, software or any Internet access services.

Miscellaneous Terms. In addition to this Agreement, you agree to comply with all applicable account agreements, including, without limitation, the Account Agreement(s) that you received when opening your depository account, as amended, and with all applicable State and Federal laws and regulations.

Errors. In case of errors, call the Bank immediately at 262-473-2112 or 800-236-8766 or write to us at First Citizens State Bank, P.O. Box 177, Whitewater, Wisconsin 53190-0177.

I (We) have read the Internet Banking Online Bill Payment Service Agreement and agree to abide by all the terms, conditions and rules set forth in this document.

By applying for an Internet Banking Bill Payment Account with First Citizens State Bank, I (we) acknowledge that I (we) have carefully read the Online Banking Bill Payment Agreement and I (we) affirm that Bank has answered any questions I (we) have and has provided me (us) with all of the information I (we) require in order to submit my (our) application.

Printed Name(s): _____

SIGNED:

Depositor Signature

Date

Joint Depositor Signature

Date

Checking Account Number

Telephone Number

E-Mail Address _____

Please sign, date and return to any First Citizens State Bank location.

BANK USE ONLY:

DATE PROCESSED: _____ PROCESSOR SIGNATURE: _____