DimeOnLine Banking Application
Internet/Cash Management/BillPay

Please complete and forward to Ingrid Grosswiler at the Corporate Office
Dime Bank 290 Salem Turnpike Norwich, CT 06360

- Customer / Business Name: _____
- Address: _____
  _____
- Social Security Number/ Business Tax ID: _____
- E-mail Address: _____

- ***Business / Cash Management customers MUST designate an administrator that will have access to all accounts listed as well as the ability to create other Users.**
  Administrator's Name:_____

Please list the accounts to be accessed through DimeOnLine:

Account Types	Account Numbers
Checking	
Savings	
Loan / Mortgage	
CD's / IRA's (view only)	

- **Signature for DimeOnLine Internet Banking Applicant (Personal or Business):**

By signing below, the undersigned request the described services and agrees to be bound by the terms and conditions covered in the DimeOnLine Customer Agreement and Disclosure Statement. DimeOnLine is available for qualified customers only; other requirements may apply.

- **Applicant Signature:** _____ **Date Signed:** _____

- **Signature for DimeOnLine Cash Management Internet Banking (Business only):**

By signing below, the undersigned request the described services and agrees to be bound by the terms and conditions covered in the DimeOnLine Business Cash Management Customer Agreement and Disclosure Statement. The DimeOnLine Business Cash Management Product is available for qualified customers only; other requirements may apply.

- **Applicant Signature:** _____ **Date Signed:** _____

- **Signature for DimeOnLine Internet Banking BillPay Applicant:**

By signing below I authorize The Dime Bank to post payment transactions generated through DimeOnLine Bill Payment to the checking account(s) I designate to submit payments through. If at anytime I decide to discontinue service, I will provide written notification to The Dime Bank. I understand that my use of DimeOnLine's Bill Payment service signifies that I have read and accepted all the terms and conditions set forth in *"The Dime Bank Electronic Bill Payment Disclosure."* *(* *Please refer to The Dime Bank Electronic Bill Payment Disclosure, or The Dime Bank Schedule of Charges for a description of the Bill Payment charges.)

- **Applicant Signature:** _____ **Date Signed:** _____

*Operations use: Date Entered: _____ DimeOnLine ID: _____
Entered By: _____ BillPay Service Charge Code: _____

**To Be Completed By Branch Personnel:

Date: _____
Branch #: _____
Employee: _____

____ New User
____ Existing User Modification