RELIANCE FINANCIAL SERVICES

www.reliancefs.com

Online Account Access Activation Request

RFS Account Number(s):	Account Title:	Online Statements
_ _-_ _ _ _ -_ _	_____	☐
_ _-_ _ _ _ -_ _	_____	☐
_ _-_ _ _ _ -_ _	_____	☐
_ _-_ _ _ _ -_ _	_____	☐

Online Statements are Quarterly, please check here if you prefer Monthly. ☐

Email Address: _____

Username (at least 8 characters): _____

Password (at least 8 characters): _____

Your password ***must*** include the following:
Must contain at least 1 alphabetic letter
Must contain at least 1 numeric character
Must contain at least one special character: ! @ # $ % ^ & * ( ) { } [ ] : ; < > ? , . /

You will receive confirmation from RFS within five business days via e-mail when your account(s) have been activated for online viewing. With any communications via the Internet or website, even though security is provided, the possibility exists that the security may be breeched and your information intercepted.

I authorize Reliance to activate the Online services for the above referenced accounts.

Name: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Please return original completed form to:

Reliance Financial Services Attn: Trust Operations, 401 Clinton St., Defiance, OH 43512

RFS USE ONLY

Setup By: _____ Date: _____ Admin Approv.: _____