

PASSWORD PROTECTION FORM

Please fill out the form below. Use 8 to 30 characters. You may use a word or phrase. Often times, it is suggested that you incorporate numbers and letters. Please remember to always provide us with your correct password. Presenting us with an incorrect password will deny you the information you want and puts us on alert that someone else may be trying to access your information.

If you need any help in filling out this form, please bring it to the bank and we will be happy to assist you.

Please print and be sure to sign.

NAME _____

PASSWORD OR PHRASE

(use one character per dash up to 30 including spaces)

SIGNATURE _____

NAME _____

PASSWORD OR PHRASE

(use one character per dash up to 30 including spaces)

SIGNATURE _____

**Thank you for your participation in helping us to protect
your financial assets!**

**To learn more about Identity Theft, go to our bank website
www.csb4me.com**

City State Bank

59 4th St N., PO Box 502, Central City, IA 52214
438-6621

325 Oakbrook Dr., PO Box 295, Marion, IA 52302
373-4100