www.bankofoceancity.com

WAVE ADVANTAGE AND ONLINE ADVANTAGE PERSONAL ACCOUNT APPLICATION

By completing this application you authorize your enrollment in (check one):

- ☐ Wave Advantage Only – $5.00 monthly membership fee
- ☐ Wave Advantage and Online Advantage – $5.00 monthly membership fee
- ☐ Online Advantage Only – No monthly fee for Internet Banking only

APPLICANT INFORMATION

Name:	
Social Security Number:	
Primary Phone:	Work Phone:
Primary Checking Account Number:	

COMPLETE THIS SECTION ONLY IF APPLYING FOR ONLINE ADVANTAGE ACCESS

Security question and answer will be used for identification purposes.

Security Question - Mother's First Name:	
Email Address:	

APPLICANT SIGNATURE

By signing below, I authorize my enrollment in Wave Advantage and/or Online Advantage. I understand with enrollment in Wave Advantage that my account will be debited a Wave Advantage monthly membership fee of $5 on my statement cycle date. If I have enrolled in Wave Advantage with Online Advantage Access I agree to the Online Advantage Internet Banking Service Terms and Conditions. I also authorize you to charge my account for any transactions initiated through Online Advantage. I agree that sufficient funds must be available in my account on the date I schedule Online Advantage payments or transfers. I further consent and agree that Bank of Ocean City may provide certain disclosures and notices to me in electronic form, in lieu of paper form, including electronic delivery of statements (e-Statements) for my Bank of Ocean City account(s).

_____ _____

Applicant Signature Date

_____ _____

Accepted By Date

Completed applications can be delivered or mailed to any of our locations or faxed to: 410-723-4946.

Bank of Ocean City Use Only

Account requires conversion to a Wave account with "Online" teller alert.	☐
Account is an existing Wave account, add "Online" teller alert only.	☐
Account is existing BOC Advantage account, add "Online" teller alert only.	☐
Transfer online status from old acct # _____ to new acct # _____	☐
Transfer e-Pay status from old acct # _____ to new acct # _____	☐

Account Maintenance Completed By:	Date Completed:
Caller Maintenance Completed By:	Date Completed: