

# DENALI STATE BANK

## ELECTRONIC SERVICES APPLICATION

- VISA CHECK CARD** (for checking/savings)
- ATM CARD** (savings only)
- DENALI DIRECT TELEBANKING**

- DENALI ON-LINE (choose one)**
- BASIC                       BASIC/BILL PAY
  - CASH MGMT               CASH MGMT/BILL PAY
- CM - ACH ORIGINATOR AGREEMENT REQUIRED**

Business DBA Name (if applicable)		Corporate Name		Tax ID No.	
Card No. (bank use)	CIF No. (bank use)	Card No. (bank use)	CIF No. (bank use)		
Accountholder Name		Title	SSN		
Card No. (bank use)	CIF No. (bank use)	MMN or Password			
2 <sup>nd</sup> Accountholder Name		Title	SSN		
Card No. (bank use)	CIF No. (bank use)	MMN or Password			
Mailing Address		E-Mail Address			
City, State, Zip		Home Ph #	Business Ph #	Cell Ph #	Fax Ph #

**DISCLAIMER (please read before signing)**

As an owner/authorized signer of the listed account(s), I am applying for the above checked services. I agree to be bound by the terms set forth in the Deposit Account Agreement and Disclosure (Master Disclosure), the Time Certificate of Deposit Agreement, the Rate and Fee Schedule, the Funds Availability Policy disclosure and the Electronic Funds Transfer Agreement and disclosure, as amended by Denali State Bank from time to time. I also acknowledge that I have received a copy of these deposit account documents.

By my signature I am stating that the information provided is true and correct and that I expressly authorize Denali State Bank to obtain a credit history on my behalf for the purpose of obtaining and maintaining the above requested services.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 2nd Signer \_\_\_\_\_ Date \_\_\_\_\_

BANK USE ONLY					
<input type="checkbox"/> <b><u>VISA CHECK CARD</u></b> <input type="checkbox"/> card for 1 <sup>st</sup> Acct holder <input type="checkbox"/> <b><u>ATM CARD</u></b> <input type="checkbox"/> card for 2 <sup>nd</sup> acct holder		<b><u>DENALI DIRECT TELEBANKING</u></b> <input type="checkbox"/> Initial Set-up <input type="checkbox"/> Change <input type="checkbox"/> Transfer Funds Accounts to access: _____ _____ PIN _____ <span style="float: right;"><input type="checkbox"/> Completed</span>			
Checking # _____ Savings # _____ <span style="float: right;"><input type="checkbox"/> Completed</span>					
<b><u>DENALI ON-LINE:</u></b> <b>BILL PAY ACCT NO.</b> _____		ID #7207- ID #7207-			
Acct Type	Account #	Account Name	Acct Type	Account #	Account Name
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Completed					
Date Rec'd:		Rec'd by:		<b>E-BANKING USE</b>	
Method:		Customer Called back		Signature(s) & Application information verified by:	
<input type="checkbox"/> Mail <input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Online <input type="checkbox"/> Other		Date:		Received By:	
		Time:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Declined		Cr. Card Limit:    VCC Limit:    ATM Card Limit:		Officer Approval by:    Date    Adverse Action Sent:	