DENALI STATE BANK
ELECTRONIC SERVICES APPLICATION

☐ **VISA CHECK CARD** (for checking account only)
☐ **CREDIT CARD** ☐ **ATM CARD**
☐ **DENALI DIRECT TELEBANKING**

DENALI ON-LINE (choose one)
☐ BASIC ☐ BASIC/BILL PAY
☐ CASH MGMT ☐ CASH MGMT/BILL PAY

Accountholder Name	Title	SSN	MMN or Password
2nd Accountholder Name (if joint ownership only)	Title	SSN	MMN or Password
Business DBA Name (if applicable)	Corporate Name		Tax ID No.
Mailing Address	E-Mail Address		
City, State, Zip	Work Phone No.		Home Phone No.

☐ **VISA CHECK CARD** ☐ Initial Set-up
☐ **CREDIT CARD** ☐ Change

☐ New Card ☐ Reissue Card ☐ Reissue PIN
Checking Account # _____

☐ card for 1st accountholder-
signed_____
☐ card for 2nd accountholder-
signed_____

☐ Initial Set-up ☐ Change

ATM CARD
☐ New Card ☐ Reissue Card ☐ Reissue PIN
Account to access: sv#_____

☐ card requested for 1st accountholder
☐ card requested for 2nd accountholder

☐ Initial Set-up ☐ Change

DENALI DIRECT TELEBANKING

Accounts to access: ☐ Transfer funds also

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

Please select a **Pin #** for Telebanking service only (other than the last 4 digits of your SSN/Tax ID no.):

_____ DD forwarded by:

DENALI ON-LINE: ☐ Initial Set-up ☐ Change

Type of Account	Account #	*Account Name
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*for your protection, your account number will not appear on-line. The account name you choose here will be what you see on-line. For example, "Accounts Payable", "Equipment Account", "My Savings" etc.

With Bill Pay, please list the account in which the bills and monthly fee is to be deducted: _____ (only one account permitted)

For Cash Management Only:
As an owner/officer of the account(s) you are appointed the "Administrator" of this service and may authorize others to have access in the manner you determine. Also, you have the responsibility of ensuring access is cancelled, when applicable, to those whom you have granted access.

_____ _____
Signature Date

_____
Title

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_____

FOR BANK USE ONLY			**E Banking Department Use Only**	
Date Received:	Signer 1 verified on all By:	Application information verified by:	Received by:	Date Received:
Received By:	Signer 2 verified on all By:	MMN/Password verified by:	Online ID No. 7207-	Date entered on system
Method: ☐ Mail ☐ In Person ☐ Fax ☐ Online	Customer Called back Date: Time:	Adverse Action letter sent:		Date entered on Bill Pay

☐ Approved ☐ Declined	Cr. Card Limit:	VCC Limit:	ATM Card Limit:	Officer Approval by:	Date: