DENALI STATE BANK

ELECTRONIC SERVICES APPLICATION

MEMBER FDIC

BANK CARDS

☐ **VISA CHECK CARD** (for checking/savings)

☐ **ATM CARD** (savings only)

DENALI ON-LINE (choose one)

☐ BASIC ☐ BASIC/BILL PAY

For information on Commercial Cash Management, please call or visit one of our branch locations

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	
2nd 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

☐ **VISA CHECK CARD** ☐ **ATM CARD**	☐ **Card for 1st Account Holder** ☐ **Card for 2nd Account Holder**	Checking # Savings #
Maintenance Completed By:		

DENALI ONLINE	**ID #7207** **ID #7207**		**PIN** **PIN**		
Account Type	**Account Number**	**Pseudo Name**	**Account Type**	**Account Number**	**Pseudo Name**
Bill Pay Account No	**Maintenance Completed by:**			**Generate Letters** ☐ **Yes** ☐ **No**	

Date Application Rec'd:	**Application Rec'd By:**	**Information Verified by:**	☐ **Approved** ☐ **Declined**	
Application Method Received ☐**Mail** ☐**In Person** ☐**Phone** ☐**Fax** ☐**Online** ☐**Other**	**Customer Called Back:** **Date:** **Time:**	**VCC Limit:**	**ATM Card Limit:**	**Officer Approval:**

E-Banking Use Only

Received By:	**Date:**	**Verfication of Maintenance By:**	**Date:**