

## **NETTELLER AUTHORIZATION FORM**

Please print this form, complete it, sign where indicated and return to Union State Bank or enclose in an envelope and mail to: Union State Bank, PO Box 468, Hazen, ND 58545-0468.

I authorize and direct Union State Bank to set up my accounts for funds transfer on Union State Bank's NetTeller Online Banking. I agree to the terms and conditions of the Online Banking Agreement as found online at <a href="https://www.BetterState.com">www.BetterState.com</a>.

*The signature of all account holders is required.	
Printed Name	Printed Name (if joint accounts)
Email Address	Email Address
Signature of Authorized Party*	Signature of Authorized Party*
Date Signed	Date Signed
If there are additional accounts you would like to account social security number (all accounts under the so *The signature of all account holders is required.	cess through NetTeller Online Banking, please list them below by account number OR ocial security number would be included).
Account #	Account #
Account #	Account #
Signature of Authorized Party*	Signature of Authorized Party (if joint accounts)*
Date Signed	Date Signed
	FOR INTERNAL USE ONLY
Input Date	Input By
Primary SS#	NetTeller ID#

