

VOICE (Telephone) BANKING ENROLLMENT FORM

First State Bank In Temple

NOTE: To establish Voice banking services for any account, you must be recorded as a legal owner or signer on the account. A separate application is required for each individual.

Customer Information

First Name _____ Middle Init _____ Last Name _____

Drivers Lic # _____ Social Security # _____

Address _____ City _____ State _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Email Address _____

User ID _____ Please list your choice of User ID (all numeric with minimum of 4 digits)

- Phone Numbers and Email address are used to assist with security procedures please list all that apply.
- **The Voice User ID** will be your access to Voice banking. The User ID should be a minimum of 4 numeric characters. A password will be provided with your completed application. You will be required to change your password with your first sign on.

Please List the Accounts you would like to have access to via Telephone banking.

Account Number	Account Type <small>(checking, savings, hifi, etc)</small>	Access Level <small>(full access, Balance only)</small>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

My signature below grants First State Bank to add the accounts indicated above to the banks Voice banking solution. I acknowledge that I am requesting Voice Banking services with this form.

Customer Signature

Date

You May list additional accounts on the back of this form.