

# CASEY COUNTY BANK TELEPHONE BANKING FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Accounts to which I wish to access by telephone banking: (I must be an owner to access the account)

Acct. Number	Name(s) on Account	Type (Checking, Loans, Savings CD's)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand the following:

- My PIN # must be changed upon my first call to the telephone banking system;
- I must keep my PIN# confidential to avoid unauthorized use by someone else;
- I understand that my current balance may not reflect outstanding checks;
- I understand that the system will be updated after 4:30 p.m. Monday-Thursday and after 5:30 p.m. on Friday; and
- Account transfers must have my name on the account in order to transfer.

Customer Signature: \_\_\_\_\_ Social Security# \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Social Security# \_\_\_\_\_

Phone Number if the Bank needs to contact you: \_\_\_\_\_

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_ Reviewed By: \_\_\_\_\_