AUTHORIZATION LETTER – INTERNET BANKING ENABLE OR RESET PASSCODE

(New internet banking applicants must enroll in Online Banking)

Date:		
Cross County Bank Contact Name:	(Customer S	ervice Representative)
Customer Contact Phone Number:	(Phone num	per where you can be contacted)
Account Name:		
Account Number(s):		
I, privileges for the above named acco	am ounts.	requesting Internet Banking
Signature Page for Nev	w Application	(Must complete an enrollment for a personal or business account.)
Re-set internet banking	g passcode	Enable Internet Banking (Remove Disabled Status)
Account Owner Date of Birth	-	
Customer Signature - Access ID Ow	/ner	Date
Customer Service Representative		Date
Fax Number (870)238-4353		

Fax Number (870)238-4353 E-mail support@crosscountybank.com