



**Telephone Bank Line Authorization**

**Account Holder Information**

Customer Name

Customer Name

Physical Street Address

City

State Zip

Home Phone

Work Phone

\*\*\*\*\*

**Account(s) to Access**

Account Type

Account Number

Account Type

Account Number

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Processing Times**

Transfers, including loan payments, processed after 10:00 PM CST on Monday through Friday and after 7:00 PM CST on Saturday, will be processed on the next business day.

**Authorization**

I hereby request that I be given access to Sunset Bank & Savings' telephone banking system for the accounts listed above. I agree that the use of the Telephone Bank Line will be subject to the terms and conditions in the Deposit Account Agreement and Regulation E disclosure that have been provided to me.

**I agree to change my Personal Identification Number. I will keep my Personal Identification Number secure and I will not share it with any one.**

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

**For Bank Use Only**

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date Access Reviewed

\_\_\_\_\_  
Reviewed By

\_\_\_\_\_  
Date Access Granted

\_\_\_\_\_  
Granted By

\_\_\_\_\_  
Date Access Revoked

\_\_\_\_\_  
Revoked By