



**Main Office:**  
 102 N Main St, PO Box 339  
 Garrison, ND 58540  
 Ph: 701-463-2262  
 Fax: 701-463-7452

**Max Branch:**  
 214 Main St, PO Box 97  
 Max, ND 58759  
 Ph: 701-679-2140  
 Fax: 701-679-2145

www.garrisonstate.bank

Please complete this form, sign where indicated, and return to Garrison State Bank and Trust or enclose in an envelope and mail to the address above. If you have any questions, please stop by or call us at (701)463-2262.

Net Teller  
 Electronic Statement – I understand that by enrolling in e-statements I will no longer receive a paper copy through regular mail. \_\_\_\_\_ Initial

_____ Name of Account Holder	_____ Social Security Number
_____ Current Address	_____ City, State, Zip
_____ Day/Business Phone Number	_____ Home/Cell Phone Number
_____ E-mail address (required)	_____ Temporary Security Phrase for e-Statements

**Please indicate the account numbers you wish to enroll in e-Statements**

Enroll ALL accounts in e-Statements  
 Enroll the following accounts in e-Statements

Checking	Savings

Security questions for identification purposes – MUST be completed. Please answer at least one of the following questions:

1. What city were you born in? \_\_\_\_\_
2. What is your father's middle name? \_\_\_\_\_
3. What was the name of your first pet? \_\_\_\_\_

I authorize and direct Garrison State Bank and Trust to set up my accounts for funds transfer on Garrison State Bank and Trust's NetTeller Online Banking service. (Accounts requiring more than one signature are not eligible for funds transfer). By signing this application and using Garrison State Bank and Trust's NetTeller Online Banking, I agree to the terms and conditions of the Online Banking Agreement and the Electronic Banking Account Statement Disclosure and Agreement (if I am enrolling in e-Statements).

\_\_\_\_\_  
Signature Date

FOR INTERNAL USE ONLY

Approved by: \_\_\_\_\_ NetTeller ID: \_\_\_\_\_ CIF: \_\_\_\_\_  
 Input Date: \_\_\_\_\_ Input by: \_\_\_\_\_ ESI Completed: \_\_\_\_\_

