



CIF: _____

NetTeller Application

First Name: _____ Last Name: _____

Mailing Address, City, State, Zip : _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Social Security Number: _____

Email Address: _____

Organization Name: _____ Contact Person First/Last: _____

Mailing Address, City, State, Zip : _____

Office Phone: _____ Cell Phone _____

Tax ID #: _____

Email Address: _____

SIGNATURE: I wish to use NetTeller online, giving me access to my account information, and the ability to transfer between my accounts. Everything I have stated in this application is correct to the best of my knowledge.

At least one signer must have full signing authority on the accounts listed and this authorized signer, by signing below, gives authority for other persons listed to have access to the above accounts and any additional accounts which may be added.

X _____ Date: _____

Instructions: Please return this application by dropping off at your nearest Eagle Bank branch, faxing to (320) 634-4155, or by mailing to: Eagle Bank, Attn: NetTeller, PO Box 217, Glenwood, MN 56334.

Upon receipt of your signed application, we will verify your information and notify you when your NetTeller account has been activated.

For Bank Use Only:

Application Received By: _____ Set Up Date: _____

NetTeller ID: _____ Notified: Mail _____ In Person _____

Acct #	Type	Acct #	Type	Verified By