Telephone Banking Enrollment Form

Please complete the following information and mail this form to P.O. Box 40, Jerseyville, Illinois 62052; attention: Telephone Banking Department or bring it by any or our branches. Once enrolled, you can access your account for free from any touch-tone phone at home, work or on the road. If you have any questions please feel free to contact the bank at (618) 498-6466.

PERSONAL INFORMATION

Last Name: _____ First Name: _____ M.I. ___

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number ___ ___ ___ - ___ ___ - ___ ___ ___ ___

E-Mail Address: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Please list the account(s) you would like transfer activity be allowed through our Telephone Banking system. You must be an owner of the account(s) to request access.

Account Number	**Account Type (checking, savings, loan, CD, etc.)**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

AUTHORIZATION – By signing below, I/we am/are applying for Jersey State Bank's Telephone Banking Service; and I/we am/are certifying that all information provided is accurate.

_____ _____

Signature *Date* *Signature* *Date*

Bank Use Only: Added on VA Admin by: _____ Date: _____ / _____ / _____ *Updated 2/07*