

AUTHORIZATION LETTER – TELEPHONE BANKING

Date: _____

Cross Bank Contact Name: _____
(Customer Service Representative)

Customer Contact Phone Number: _____
(Phone number where you can be contacted)

Account Name: _____

Account Number(s):

Tax ID or Social Security Number _____

I, _____ am requesting **Telephone Banking** privileges for the above named accounts and tax identification number or social security number.

_____ I have never accessed telephone banking

_____ Re-set telephone banking

Customer Signature - Account Owner

Date

Customer Service Representative

Date

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