

# AUTHORIZATION LETTER – TELEPHONE BANKING

Date: \_\_\_\_\_

Cross County 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@crosscountybank.com