

# APPLICATION FOR AHB ON CALL ACCESS-PERSONAL

AMERICAN HERITAGE BANK, PO BOX 1408/2 SOUTH MAIN, SAPULPA, OK 74066-1408

**Part I- ACCOUNT ACCESS**

Depositor (whether one or more) hereby applies with AHB for an electronic access device/code to access the accounts listed below and to perform such other banking functions with the electronic access device/code as are described in the agreement and disclosure for electronic fund transfers and electronic access devices/codes. Depositor(s) further understand they are the only persons authorized by the bank to use this electronic access device/code and it is their responsibility to safeguard this code.

Depositor(s) Name(s): \_\_\_\_\_  
 \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Account Numbers to be accessed for information:

Account #	Account type	Account #	Account type
_____	_____	_____	_____
_____	_____	_____	_____

**Part II-TRANSFERS** Note: Transfers to loans can be for regular principal and interest payments only

I/We do not want funds transfer capabilities on the On Call system

**OR**

Depositor (whether one or more) also applies with AHB to transfer funds on the AHB On Call system as described in the agreement and disclosure for electronic fund transfers and electronic access devices/codes. **PLEASE NOTE:** only accounts with the same ownership will be granted funds transfer options.

Account Numbers for funds transfer access:

Account #	Account type	Account #	Account type
_____	_____	_____	_____
_____	_____	_____	_____

**Part III-AUTHORIZING SIGNATURES**

Depositor (whether one or more) has received a copy of the agreement and disclosure for electronic fund transfers and electronic access devices/codes and agree to be bound by the terms and conditions contained therein, as they may be amended from time to time by the bank, and to pay all fees that may be assessed in connection with the issuance, maintenance, and/or use of the access device/code.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Tax ID: \_\_\_\_\_

**Customer Service Rep \_\_\_\_\_ Please forward to the bookkeeping department for processing**