



**24-HOUR TELEPHONE BANKING**  
**FUNDS AUTHORIZATION TRANSFER REQUEST**  
Consumer Banking

As used in this authorization, "I", "We" and "Us" mean the owners and/or co-owners and/or joint owners of the accounts. "You" and "Yours" mean the depository institution.

I hereby request that I be given 24-hour telephonic access to any and all accounts on which I am currently an owner, co-owner, or joint owner, or such accounts on which I may be owner, co-owner, or joint owner in the future. I hereby authorize and direct you to complete all transactions and funds transfers that are requested by me via 24-hour telephone banking, on all accounts on which I am owner, co-owner or joint owner.

I understand that I will not be given the ability to transfer funds to or from accounts on which I am an authorized signer, with no right of ownership, unless specifically authorized by separate agreement.

I understand that in order to activate 24-hour telephone access to my account(s) with the highest possible degree of security and privacy, I will call the automated telephone system (242-3610, 594-7576, or 866-572-3600), and use Option 8 to select my PIN.

\_\_\_\_\_  
Signature of authorized party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Soc Sec #

\_\_\_\_\_  
Signature of co-owner **if two signatures are required**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
CIF # (Bank Use)

Received by:  
Kansas State Bank, Ottawa & Baldwin City

\_\_\_\_\_  
Employee Initials     Date

Reviewed by: \_\_\_\_\_ (employee initial)

