

Union State Bank Bill Payment Application

Please print this form, complete it, sign where indicated and return to Union State Bank or enclose in an envelope and mail to: Union State Bank, PO Box 468, Hazen, ND 58545-0468.

Primary Account Holder

First Name: _____ Middle Initial: _____
Last Name: _____
Phone Number: _____
Address: _____

City: _____
State: _____ Zip: _____
Social Security #: _____
E-mail Address: _____
Mother's Maiden Name:
(for account verification) _____

Secondary Account Holder

First Name: _____ Middle Initial: _____
Last Name: _____
Phone Number: _____
Social Security #: _____
E-mail Address: _____

Checking Account # for Bill Payment: _____

*Please select a checking account to be automatically debited for any payments you create using Bill Payment. Savings accounts cannot be used for funding Bill Payment transactions.

Signature of Authorized Party

Date Signed

For Internal Use Only:

NetTeller ID#

Signature of Authorized Party
(if joint accounts)

Date Signed

Input By:

Date Input

