

## 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.

**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.

### Primary Account Holder

First Name or Business: \_\_\_\_\_ Middle Initial: \_\_\_\_

Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security # or TIN #: \_\_\_\_\_

### Secondary Account Holder

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_

Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Social Security #: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Party

\_\_\_\_\_  
Signature of Authorized Party  
(if joint accounts)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

**For Internal Use Only:**

Input By: \_\_\_\_\_

\_\_\_\_\_  
NetTeller ID#

\_\_\_\_\_  
Date Input

