AUTHORIZATION LETTER – INTERNET BANKING ENABLE OR RESET PASSCODE

(New internet banking applicants must enroll in Online Banking)

Date:		
Cross Bank Contact Name:	(Customer	Service Representative)
Customer Contact Phone Number:		nber where you can be contacted)
Account Name:		
Account Number(s):		
I,	 ar	n requesting <u>Internet Banking</u>
I,	unts.	· · · · · · · · · · · · · · · · · · ·
Signature Page for Nev	w Application	(Must complete an enrollment for a personal or business account.)
Re-set internet bankin Re-set Access ID	g passcode	Enable Internet Banking (Remove Disabled Status)
Account Owner Date of Birth	-	
Customer Signature - Access ID Ow	/ner	Date
Customer Service Representative		Date
Fax Number (870)238-4353		

Fax Number (870)238-4353 E-mail support@mycrossbank.com