## THE CITIZENS STATE BANK OF OURAY

## Online Banking Enrollment Form

In order to obtain your User ID and preliminary password, complete and return this form to any of our branches. Complete one form for each Tax Identification Number. **Please print legibly.** 

Name:						
	Last Name	F	irst Name			MI
Social Security #:		DOB:		/		
Business Name:(If applicable)			Tax ID #:			
(II applicable)					LIN	
<b>Drivers Lice</b>	ense: Number		State Issued		Expiration	on Date
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Address:	Physical Addre	ess			PO Box	
	City			State	ZI	P Code
Phone Numl	ber: ( ) Home		() Cel	(	) ork	
Email: Primary			Δltern	nate (if any)		
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Please u	isi an account num	ibers <u>ana inaicate typ</u>	<u>e of account: Checkin</u>	g, savings, (	UD, IKA Or	Loan.
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			ounts into The Citiz			•
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			s and conditions, I a			
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be emoned in	i noi nave acces	is to the Online Da	iikiiig 1 iograiii.			
Signature:				Date:		
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Ī	Main Bank/Ouray	Naturita Branch	Ridgway Branch	Silverton	Branch	
Γ	600 Main St	Hwy 141 & 97	145 W. Sherman	1202 Gr		