

Bank of Turtle Lake

Bill Payment Application

Please print this form, complete it, sign where indicated and return to Bank of Turtle Lake or enclose in an envelope and mail to: Bank of Turtle Lake, PO Box 565, Turtle Lake, ND 58575.

Account Holder

First Name: _____ Middle Initial: _____

Last Name: _____

Phone Number: _____

Address: _____

City: _____

State: _____ Zip: _____

Social Security #: _____

E-mail Address: _____

Account Verification

(use same as online banking) _____
(Mother's Maiden Name, Pet's Name, or Where you were born)

Checking Account # for Bill Payment: _____

*Please select one 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

Bank Use Only

User ID

Date Input

