

ENROLLMENT FORM



www.flatheadbank.com

www.bankofglaciercounty.com

www.valleybank.us

CUSTOMER INFORMATION

(Please Print or Type)

<input type="text"/>		
First Name	Initial	Last Name
<input type="text"/>		
Mailing Address		
<input type="text"/>		
City	State	Zip
<input type="text"/>		
Email Address		

<input type="text"/>
User login ID (minimum 5 characters – maximum 15 characters)
<input type="text"/>
Home Phone
<input type="text"/>
Work Phone
<input type="text"/>
Cell Phone

Online Bank Accounts

Account Number	Type of Account
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Account Number	Type of Account
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Important Disclaimer

Approval of the terms and condition is required upon initial login. To obtain a copy of these terms and conditions prior to initial login, please contact your local branch.

(All account owners must sign)

X _____
Signature

X _____
Signature

X _____
Signature

X _____
Signature

Your Password will be mailed to you upon receipt of this form