

BANK OF PONTIAC
ACCOUNT ACCESS AND FUNDS TRANSFER SET-UP REQUEST

As used in this authorization, "I", "we" and "us" means the owners of the accounts identified below. "You" and "yours" means the depository institution named below.

I authorize and direct you to set up the all accounts listed on my Customer Information File (CIF) on TeleBank 24, Bank of Pontiac's 24 Hour Customer Service Line. I understand that the PIN number used to access my accounts will be assigned to me by the Bank. The first time I access my accounts I will be required to change my PIN to any other four to ten digit number.

I acknowledge receipt of a Reg E Disclosure.

Signature of Authorized Party

_____ (___/___/___)
Printed Name & Date

Signature of other Authorized Party
(if applicable)

_____ (___/___/___)
Printed Name & Date

FOR BANK USE ONLY

Date Received _____
Received by _____

PIN sent _____
Initials _____

Mail or **deliver** your signed form to: Bank of Pontiac
300 W. Washington St.
Pontiac, IL 61764

Fax your signed form to: (815) 842-4396