



Fill In



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Please fax, mail or deliver your signed application to:

Lindell Bank
6900 Clayton Avenue
St. Louis, MO 63139
Phone: 314-645-7700
Fax: 314-645-1823

PRIMARY ACCOUNT HOLDER INFORMATION

Full Legal Name:		SSN or Tax ID:
Address:		
City, State Zip:		
Home Phone:	Work Phone:	
Date of Birth:	Email Address:	

SECONDARY ACCOUNT HOLDER INFORMATION

Full Legal Name:

ACCESS THE FOLLOWING ACCOUNTS WITH NetTeller

Account Number	Desired NetTeller Account Name	Allow Transfers
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes

By submitting this application you agree to the Terms and Conditions listed on your Account Opening Disclosures and the following Net Teller Agreement.

I understand that the NetTeller system allows me to transfer funds and make loan payments between the accounts listed above. I agree that my transfer requests may not exceed the account's available balance. I will repay any overdraft that may result from a transfer or payment request. I understand that the maximum number of transfers per statement cycle from an interest bearing account varies with the type of account. If that maximum number is exceeded the appropriate service charge will be assessed against my account.

I certify that the information provided is true and correct. I authorize Lindell Bank to verify any information included in this application.

Authorized Signature _____