

INTERNET BANKING APPLICATION



PLEASE PRINT

ALL FIELDS REQUIRED TO OPEN ONLINE ACCOUNT

Date: _____

Full Name: _____

Address 1: _____

Address 2: _____

City/State/Zip: _____

Telephone No: _____

Date of Birth: _____

E-Mail Address: _____

By signing below, you agree to BANKWEST's Internet Services Agreement.
The agreement is available at www.bankwestmn.com

Signature: _____

(SIGNATURE IS REQUIRED TO OPEN ONLINE ACCOUNT)

Please mail or fax the completed form to:

PO Box 219
Rockford, MN 55373

Rockford: 763-477-7411 (fax)

Hanover: 763-477-7433 (fax)

Buffalo: 763-477-7450 (fax)

For BANKWEST use only

Account # _____

CIF # _____

Netteller ID # _____

Entered By _____

Date Added _____

Update Netteller Management _____

Mail Instruction Letter _____