

# Telephone Authorization Form

*Please print out, fill out completely, and mail to address on the bottom of this page. (print clearly)*

Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

I (We) authorize and direct Stearns Bank, N.A., as my (our) agent, to transact business on the above referenced account, upon telephone instructions from the authorized person(s) herein named, providing said person(s) can identify themselves to the Bank's satisfaction (name, account #, etc.). Transactions are to be made only to accounts having identical ownership. This agreement shall be valid until such time as this agreement is revoked by me (us) in writing delivered to the Stearns Bank, N.A.

The undersigned jointly and severally, agree to hold the Bank, its successors and assigns, free and harmless from and against any and all demands, liabilities, loss, damages, or expenses of whatsoever kind or nature, including attorney's fees, which it may at any time sustain or incur by reason of relying or acting upon any of the agreements, declarations, conditions, and regulations contained herein.

Authorized Callers:	Name 1:	Name 2:	Name 3:
Type or Print Name:	_____	_____	_____
Authorized Signature:	_____	_____	_____

Date: \_\_\_\_\_

Password: \_\_\_\_\_

*When you call Stearns Bank we will ask you this password.*

## Mailing Instructions:

Stearns Bank

Attn: New Accounts

PO Box 7338

St Cloud, MN 56302-7338