



Clarkston State Bank

Treasury Management Services Application

Customer Name: _____

Street Address: _____

City, State, Zip: _____

E-Mail Address: _____

Cell Phone Number: _____

Netteller ID: 9 1 2 4 0 0 0 0 _____

Account #'s to Enroll: _____

Products Requested:

Bank-to-Bank
Transfers
(Consumer Only)

Remote Deposit
Anywhere

iPay

Customer Signature: _____

Date: _____

****Please fill out this form completely and turn in to any of our branches, or e-mail to**

TreasuryManagement@clarkstonstatebank.com. Thank you!**

Officer/Manager Approval: _____

Treasury Management Use Only:

B2B(FIM) _____ RDA(PP) _____ / (FIM) _____

Confirmation e-mail sent: Date _____ Initials _____