

STILLMAN MOBILE TEXT BANKING AND ALERTS AUTHORIZATION FORM

As used in this authorization, "I", "We" and "Us" means the owners of the accounts identified below. "You" and "Yours" refers to Stillman BancCorp N.A. I authorize and direct you to set up the following account(s) for Stillman Bank's Mobile Text Banking and Alert service.

SETUP FOR STILLMAN MOBILE ALERTS

Cell Phone # _____

You may include a pseudo name for each account to help you identify it. (up to 5 characters only)

Checking, Account # _____

Pseudo Name _____

Savings, Account # _____
or Loans

Pseudo Name _____

Account # _____

Pseudo Name _____

Daily Balance Alert

Day(s) of the Week Alert Delivered: _____ Time of Day Alert Delivered: _____ am pm
Sun Mon Tues Wed Thurs Fri Sat

Monthly Balance Alert

Date Alert Delivered: _____ (1-28) Time of Day Alert Delivered: _____ am pm

Threshold Alert

Balance Threshold
Less than or equal to \$ _____ OR Greater than or equal to \$ _____

When alert can be delivered: 24/7 or Between _____ am pm and _____ am pm

Debit Card Transaction Alert

Transaction amount:
Any Amount OR Greater than or equal to \$ _____

When alert can be delivered: 24/7 or Between _____ am pm and _____ am pm

Signature of Authorized Party

Printed Name and Date

Though Stillman Bank doesn't charge you for alerts, your cell phone carrier may charge you for using its text messaging service. If this alert is for a business account, it is the obligation of that business to notify us if an employee is no longer authorized on the account.

Please return form to any of our offices.

For office use only: _____
