

DNB EZ-LINK Enrollment Form

Mail completed form to EZ-Link Enrollment, The Delaware National Bank of Delhi, PO Box 508, Delhi NY 13753
or Fax to 607-746-0736, attention EZ-Link Enrollment

Please Print

CUSTOMER INFORMATION

First Name:		Middle Initial:	Last Name:	
Address:				
City:		State:	Zip:	
Home Phone:		Work Phone:		
TIN/SSN:	Date of Birth:	Mothers Maiden Name:		
Email Address:				

ACCOUNTS

Please list your Account Numbers

AUTHORIZATION

SIGNATURES: By signing below, I certify that everything I have stated in this application is correct.

Signature

Date

Please Note:

We reserve the right to remove any EZ-Link Account and/or Bill Pay account not used for a period of 6 months

BANK INFORMATION (To Be Completed By Bank)

Originating CSR:	Date:	Approved By:	Date:
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