

BASIC BUSINESS ONLINE BANKING DESIGNEE APPLICATION

Fields marked with a * MUST be filled.

THIS FORM REQUIRES ACCOUNT OWNER & DESIGNEE SIGNATURES TO BE VALID

Branch

EMPLOYEE INFORMATION

* Completed By: * Date:

CUSTOMER INFORMATION *MUST match bank info*

* Business Name: * Tax ID:
* Street Address: * City:
* State: * Zip: * Phone:

DESIGNEE INFORMATION (Appointed User)

New Delete Modify

* Name: * Social Security Number:
* Mother's Maiden Name: * Phone:
* Email: SMS Text: (Include Phone Extension If Applicable)

ACCOUNT ACCESS

Account Number:	View:	Withdraw:	Deposit:	Transfer:
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BILL PAY MODULE

Account Number: Create Payment: Approve Payment: Dual Control:
 Not Applicable

AUTHORIZED APPROVAL PER COMPANY RESOLUTION

By signing this Application, the undersigned represents that he or she is an authorized representative of the above company with full power and authority to complete and execute this Online Banking Application.

Date

Print Name (Designee)

Signature (Designee)

Print Name (Business Owner)

Signature (Business Owner)

TO BE COMPLETED BY EBANKING DEPARTMENT

Processor Initials:

Flagged Initial:

Mail Email Initial:

Date eMailed/Mailed:

Login ID:

Password:

Dual Controller Initials:

Dual Control Date: