



Business Online Banking Access Request

☐ New Request ☐ Maintenance

Print, sign, and return this form to any bank office or mail to address on our website

General Customer Information:		Complete For All Requests																																					
Company Name _____		Tax I.D. Number _____																																					
Company Address _____		City, State, Zip _____																																					
Contact Name _____		Contact Title _____																																					
Phone # _____		Email Address _____																																					
Number of User(s) affected by this request: _____																																							
If Transfers are being setup, Maximum Transfer Amount _____ (\$10,000 unless otherwise indicated)																																							
New Personnel Access: User 1																																							
Complete All Fields for New User																																							
Name: _____ Phone #: _____ Email Address: _____ Security Question: <u>Mother's maiden name?</u> Security Answer: _____ User Access Times: ☐ 24 x 7 Access ☐ Monday - Sunday 8 a.m. to 5 p.m. ☐ Monday - Sunday 6 a.m. to 7 p.m.		User Account Access: <table><tr><td>Account Number</td><td>Account Nickname</td><td>Account Inquiry</td><td>Internal Transfer</td><td>Stop Payment</td></tr><tr><td>_____</td><td>_____</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>_____</td><td>_____</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>_____</td><td>_____</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>_____</td><td>_____</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>_____</td><td>_____</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>_____</td><td>_____</td><td>☐</td><td>☐</td><td>☐</td></tr></table>			Account Number	Account Nickname	Account Inquiry	Internal Transfer	Stop Payment	_____	_____	☐	☐	☐	_____	_____	☐	☐	☐	_____	_____	☐	☐	☐	_____	_____	☐	☐	☐	_____	_____	☐	☐	☐	_____	_____	☐	☐	☐
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Service Charges:																																							
Complete For All Applicable Fees																																							
BOB One-Time Setup Fee: ☐ 1-5 accounts - \$5 ☐ 6-10 accounts - \$10 ☐ 11-15 accounts - \$15 ☐ Over 15 accounts - \$50		BOB Monthly Fee: ☐ 1-2 accounts - FREE ☐ 3-5 accounts - \$5 ☐ 6-10 accounts - \$10 ☐ 11-15 accounts - \$15																																					
		☐ Over 15 accounts - \$40 <u>DISCOUNT:</u> ☐ Comm Plus: 1-15 accounts - FREE																																					
		Bill Payment Fee: ☐ Free up to 25, per customer; over 25 bill payments \$0.40 each																																					
Checking Account # to Charge _____ (For Setup, Monthly, and Bill Payment Fees)																																							
<i>All fees will be debited to your account at month end. Services will be cancelled after 6 months of inactivity.</i>																																							
External Bill Payment:																																							
Complete For Users and Accounts with Bill Payment																																							
User Name _____ _____ _____ _____ _____		Mothers Maiden Name <i>(Required for Bill Pay)</i> _____ _____ _____ _____ _____																																					
		Bill Pay Accounts <i>(all users will have access to all Bill Pay accounts) :</i> _____ _____ _____ _____ _____																																					
Company Authorization:																																							
This application must be completed by an authorized party of the Business as indicated by current resolutions on file at Bank. Business may be required to update resolutions pursuant to this request. Business Authorized Representative agrees to all terms and conditions of Bank's Commercial Cash Management Master Agreement on behalf of any personnel granted access through this request. By signing below, you state that you are a Business Authorized Representative and are able to authorize and execute agreements for withdrawals, deposits, transfers, and cash management services initiated through computer, phone, or other medium using access devices such as code, token, or similar means and you are authorizing all individuals listed who are not listed on the Business's resolution and/or signature card to perform functions indicated. You warrant all information represented as complete and accurate.																																							
Authorized Company Representative: _____ Date: _____ Signature (Must be an Authorized Representative per Company Resolution)Printed Name of Authorized Representative																																							
Branch Use Only:																																							
Company is interested in the following services: ☐ ACH ☐ OED/x937 ☐ Wire Transfers ☐ Positive Pay ☐ Lockbox ☐ Merchant Services ☐ Sweeps ☐ CDARS ☐ Business Credit Cards																																							
Branch # _____ Associate initials _____ Date Received: _____																																							
*Include Corporate Resolution; for Sole Proprietorships, include signature card																																							

Business Online Banking Access Request

Company Name _____ Tax I.D. Number _____

New Personnel Access: User 4		Complete All Fields for New User						
Name: _____ Phone #: _____ Email Address: _____ Security Question: <u>Mother's maiden name?</u> Security Answer: _____		User Account Access: Account Number _____ _____ _____ _____ _____ _____ _____		Account Nickname _____ _____ _____ _____ _____ _____ _____		Account Inquiry ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Internal Transfer ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Stop Payment ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
User Access Times: ☐ 24 x 7 Access ☐ Monday - Sunday 8 a.m. to 5 p.m. ☐ Monday - Sunday 6 a.m. to 7 p.m.								

New Personnel Access: User 5		Complete All Fields for New User						
Name: _____ Phone #: _____ Email Address: _____ Security Question: <u>Mother's maiden name?</u> Security Answer: _____		User Account Access: Account Number _____ _____ _____ _____ _____ _____ _____ _____		Account Nickname _____ _____ _____ _____ _____ _____ _____ _____		Account Inquiry ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Internal Transfer ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Stop Payment ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
User Access Times: ☐ 24 x 7 Access ☐ Monday - Sunday 8 a.m. to 5 p.m. ☐ Monday - Sunday 6 a.m. to 7 p.m.								

New Personnel Access: User 6						Complete All Fields for New User					
Name: _____			<u>User Account Access:</u>			Account Inquiry	Internal Transfer	Stop Payment			
Phone #: _____			Account Number	Account Nickname							
Email Address: _____			_____	_____							
Security Question: Mother's maiden name?			_____	_____							
Security Answer: _____			_____	_____							
User Access Times:			_____	_____							
☐	24 x 7 Access		_____	_____							
☐	Monday - Sunday 8 a.m. to 5 p.m.		_____	_____							
☐	Monday - Sunday 6 a.m. to 7 p.m.		_____	_____							

[illegible]

Complete This Section for Access Being Removed:		Complete for Current Customer Maintenance	
Name of User(s) Affected By Addition and/or Change (Accounts/Bill Payment/Internal Transfers Only):			
Users Being Removed	Accounts Being Removed (Account #)	Bill Pay Accounts Being Removed (Account #)	Internal Trans. Being Removed (Transfer ID)

[illegible]