

Member FIDC | Equal Housing Lender Privacy Statement

DenmarkState.com

Business Online Banking Enrollment

First Name:		Last Name:				
		Instruction	s:			
	Terms and Con	ditions for Bus	iness Online Banking			
Please click on the link to re	ad and review the Busin	ess Banking Ter	ms and Conditions Discl	osure.		
At the end of the disclosure PDF and return to this enrol		n code that will	be entered below. After	viewing the disclosure close the		
Please enter the confirmation document in the box below.	on code you were show	n at the bottom o	of the Business Banking	Terms and Conditions Disclosure		
By entering the confirmation Business Online Banking.	n code, you confirm yo	our ability to vie	w PDF files and agree	to our Terms and Conditions for		
	On	line Banking Er	rollment			
Confirmation Code (require	ed)					
Business Name Business Tax Id N		Number Business Phone		Business Fax		
Business Address (required)		Address Line 1				
		Address Line	2			
		City	S	tate ZIP Code		
Primary Contact Name	Primary Contact Title	Primary Cont Email Addre		ess of Birth		
		Primary Acco	ount			
Primary Account Number						
Last Statement Balance (r Ending balanced listed on the received. This balance must be enrollment.	last statement your					

	Checking	Savings				
Primary Account Type	0	0				
Additional Accounts						
Account 2 Number						
	Checking	Savings				
Account 2 Type	0	0				
Account 3 Number						
	Checking	Savings				
Account 3 Type	0	0				
Account 4 Number						
	Checking	Savings				
A	Checking	Savings				
Account 4 Type		<u> </u>				
Account 5 Number						
	Checking	Savings				
Account 5 Type	0	0				
Account 6 Number						
	Checking	Savings				
Account 6 Type	0	0				
Account 7 Number						
	Checking	Savings				
Account 7 Type	0	0				
	Access ID and Security	Questions				

Create your Access ID (required) You will use this Access ID to sign in to Online Banking. It must be at least 6 characters long with no spaces. We recommend using a combination of letters and numbers			
Security Questions (required) This question will be asked as an additional security measure when you call for assistance. Example: What is my mother?s maiden name?			
Security Answer (required)			
A	dditional Informati	on	
Would you like to transfer between accounts? (required)	O Yes	○ No	
Would you like to set up other authorized signers or employees with online access? (required)	O Yes	○ No	
Would you like to use online Bill Payment? (required) Checking only.	O Yes	○ No	
Would you like more information on direct deposit of payroll or creating electronic transactions? (required)	O Yes	○ No	
Would you like to be able to initiate outgoing wire transfers? (required)	O Yes	○ No	
Would you like to receive your statements via email? (required) For the accounts listed above.	O Yes	○ No	