Business Online Banking Enrollment

| First Name: | Last Name: | | | | | | |
|---|----------------|------------|---------------|--|--|--|--|
| Submitted on: | | | | | | | |
| Instructions: | | | | | | | |
| Terms and Conditions for Business Online Banking | | | | | | | |
| Please click on the link to read and review the Cash Management Disclosure & Agreeement. After viewing the disclosure, close the PDF and return to this enrollment page. By signing & submitting the application, you confirm your ability to view PDF files and agree to our Terms and Conditions for Business Online Banking. | | | | | | | |
| Online Banking Enrollment | | | | | | | |
| Tax ID (required) | | | | | | | |
| Company Name (required) | | | | | | | |
| _ | Address Line 1 | | | | | | |
| Company Address (required) | Address Line 2 | | | | | | |
| | City | State | ZIP Code | | | | |
| Company Contact | | Phone | Email Address | | | | |
| Primary Administrator | | | | | | | |
| Name (required) | | | | | | | |
| | Address Line 1 | | | | | | |
| Address (required) | Address Line 2 | | | | | | |
| | City | State | ZIP Code | | | | |
| Phone Number | | Cell Phone | Email Address | | | | |
| Accounts | | | | | | | |

| | Account Number | Account Type | Account Name | | | | |
|--|--------------------------------------|--------------|--------------|--|--|--|--|
| Accounts (required) | | | | | | | |
| Additional Information | | | | | | | |
| Would you like to set up other authorized signers or employees with online access? | ○ Yes○ No | | | | | | |
| Would you like to receive your statements via email? for the accounts listed above. | | | | | | | |
| NOTICE: | | | | | | | |
| Note: By signing and submitting this application, I agree with the terms and conditions of the business online banking enrollment as outlined in the Cash Management Agreement & Disclosure. | | | | | | | |
| Agreement | | | | | | | |
| (required) | I/We AGREE with the above statement. | | | | | | |