



# Internet Banking for Business Application Form

Thank you for your interest in Internet Banking! Print and complete the enrollment form. Acknowledgment needs to be signed by your company's authorized signer(s), in accordance with the existing bank agreement held in our files. Return completed application by mail, or to your branch. The form will be forwarded to the Bookkeeping Dept. for setup.

**Please check one of the following:**

- NEW INTERNET BANKING APPLICATION     CHANGE EXISTING PROFILE     NEW BILL PAY APPLICATION (MUST BE ENROLLED IN INTERNET BANKING)
- ACH ORIGATION\*     REMOTE CAPTURE DEPOSIT\* (\*NOTE: REQUIRES ADDITIONAL INFORMATION. YOU WILL BE CONTACTED BY SOMEONE AT THE BANK).

**Business Information (required)**

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE NUMBER: (     ) \_\_\_\_\_ TAX ID/SSN: \_\_\_\_\_

**Primary User Information (required)**

Select Single Control or Dual Control in accordance with your company's authorization. The authorized signers of the company assume full responsibility for the option that is chosen. Only Contact Persons are authorized to request login ID/password resets and perform online maintenance. Primary Contact person will be the Company System Administrator.

**SINGLE CONTROL**    Single Control empowers one Primary User to authorize the creation/modification of Account Control (signing authority for each account, and one user for the creation/modification of Secondary Users).

**DUAL CONTROL**    Dual Control requires two (2) Primary Users to authorize the creation/modification of Account Control (this is the signing authority for each account), and two users for the creation/modification of Secondary Users.  
(Requires 2 Primary Users)

The following person(s) is/are hereby designated as the Primary User(s) for the purposes and their powers described above. A corporate resolution, partnership agreement or business certificate appointing the Primary User(s) as duly authorized signer for the Company must be on file with the bank.

PRIMARY CONTACT NAME \_\_\_\_\_ COMPANY EMAIL: \_\_\_\_\_

**Transfer Funds:**  Yes  No    **View History:**  Yes  No    **Stop Payments:**  Yes  No    **Pay Bills:**  Yes  No

SECONDARY CONTACT NAME \_\_\_\_\_ COMPANY EMAIL: \_\_\_\_\_

**Transfer Funds:**  Yes  No    **View History:**  Yes  No    **Stop Payments:**  Yes  No    **Pay Bills:**  Yes  No

**Account List**

Account Number	Account Type					Billing Account (check only one)
	Checking	Savings	CD	IRA	Loan	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**You must designate a checking account as a billing account.**

**This account will be your primary Bill Pay account, and the account to which any banking fees will be debited from.**

**Acknowledgement** (must be signed by an authorized signatory on all of the accounts listed above)

By signing below, you acknowledge receipt of and agree to be bound by all terms of the Agreement and this Internet Banking for Business Application Form.

\_\_\_\_\_  
Authorized Signer and Title                                  Date                                  Authorized Signer and Title                                  Date

**FOR BANK USE ONLY:** Branch Accepting \_\_\_\_\_ Accepted By \_\_\_\_\_ Date \_\_\_\_\_