

**Citizens National Bank
Internet Banking Application for Business**

Thank you for your interest in Internet Banking! Print and complete the enrollment form. Acknowledgement 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 Department for setup.

Business Information (required)

Business Name: _____

Business Address: _____

Business Phone: _____ **TaxID** _____

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(1) or more Users to authorize the creation/modification of Account Control (signing authority for each account)

○ **DUAL CONTROL**

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

HOME ADDRESS: _____

City: _____ State _____ Zip _____

SN#: _____ DOB _____ Cell _____

SECONDARY CONTACT NAME _____

COMPANY EMAIL: _____ Phone _____

HOME ADDRESS: _____

City: _____ State _____ Zip _____

SN#: _____ DOB _____ Cell _____

****REQUIRED: FOR BANK USE ONLY: Branch Accepting _____ Accepted By _____ Date _____**

Citizens National Bank

Add User or Access to Business Internet Banking

Business Information (required)

Business Name: _____

Business Address: _____

Business Phone: _____

Tax ID: _____



User Information:

"Please fill out for each individual user"

Add to existing username _____ (office use only)

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell: _____ **Office:** _____

SSN#: _____ **DOB:** _____

Email: _____

Account	View	Transfer	Stop Pay	Positive Pay	Remote Deposit	Wire	ACH Originator	Bill Pay	E-Statement

Authorized Signer and Title _____ Date _____

****REQUIRED: FOR BANK USE ONLY:**

Branch Accepting _____ **Accepted By** _____ **OFAC** _____ **Date** _____

Citizens National Bank

Delete User or Access to Business Internet Banking

Business Information (required)

Business Name: _____

Business Address: _____

Business Phone: _____

Tax ID: _____

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User Information:

"Please fill out for each individual user that will be deleted"

Name: _____

Cell: _____ **Office** _____

SSN#: _____ **DOB:** _____

Delete ALL Access _____

Account	View	Transfer	Stop Pay	Positive Pay	Remote Deposit	Wire	ACH Originator	Bill Pay	E-Statement

Authorized Signer and Title

Date

****REQUIRED: FOR BANK USE ONLY:**

Branch Accepting _____ **Accepted By** _____ **Date** _____