

BUSINESS ONLINE BANKING APPLICATION

General Information

Company Name: _____
(Maximum 26 characters)

(Maximum 26 characters)

Address: _____
(Maximum 26 characters)

City, State, Zip: _____
(Maximum 26 characters)

Tax ID Number: _____ SSN _____ EIN _____

Contact Name: _____ Contact Telephone Number: _____

Display Groups

*(Instructions: Divide each category below into groupings. Example for Employees: Administration, Employees
Example for Accounts: Checking, Savings, Loans / Example for Fund Transfers: Internal, Wire Transfers
Example for File Transfers: Payroll, Drafts)*

Employees	Accounts	Fund Transfers	File Transfers (ACH)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Account Options

(Instructions: List any Deposit Accounts and Loans you wish to access, give each a Nickname, and select the Display Group in which you wish for it to appear. Attach an extra sheet if needed.)

Account Number	Account Nickname	Display Group (Choose from above)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Designate account number to be service charged: _____ Cycle: 30

Authorized Signature

Name

_____/____/____
Title Date

Branch: _____

Resp. #: _____

CSR: _____

Input By: _____

Date: _____

EMPLOYEE INFORMATION

The following information is to be completed by the client.

Company Name: _____

Employee Name: _____ Contact Phone: _____
(Maximum 30 characters)

Employee Display Group: _____

Security Data: Mother's Maiden Name _____

Security Data: Email Address _____

Supervisor Level (Establishes Hierarchy of Approvals)

- Employee Administrator
 Supervisor Super Administrator

Authorized Access Times

<u>Access Day</u>	<u>Begin Time</u>	<u>End Time</u>	
Monday	_____	_____	
Tuesday	_____	_____	
Wednesday	_____	_____	
Thursday	_____	_____	24/7 Access
Friday	_____	_____	
Saturday	_____	_____	
Sunday	_____	_____	

Security

Verification Access ID: _____
(First initial, last name, min. 6 letters)

Verification Password: 123456
(temporary login password)

Approvals

Will this employee need stop payments approved? YES NO
Will this employee need internal transfers approved? YES NO
Will this employee approve other employees' transfers? YES NO

Administration Options

Will this employee have access to administrative functions? YES NO

Authorized Signature

Name

_____/____/____
Title *Date*

EMPLOYEE ACCOUNT AUTHORIZATION

The following information is to be completed by the client. *Photocopy and fill out this worksheet as needed*

Company Name: _____

Employee Name: _____

Account Numbers: _____

Account Options

View Check Images

View Account Numbers

Retrieve Statements

Inquiry Detail

See Presentments

Export Transactions

View Transactions

ACH Item Search

Stop Payment Options

Inquiry

Add

Fund Transfer Options

Internal

Single ACH

Loan Payment Types:

Loan Pmts

All

Regular Pmts

Principal Only

Interest Only

File Transfer (ACH) Options

YES

NO

Authorized Signature

Name

Title

____/____/____
Date

BOBAP

