Business Online Banking Enrollment Form

Port #: (Company ID)	**Submitted by:** **Branch:**
Company Name:	**Business Address:**
Market Segment: ***Select One***	**City, State, Zip:**
Tax ID:	**Charge/Billing Account:**
Enable User Approval:	**Preferred Authentication Method:** Token

Accounts - The following services are added to all accounts: View Transactions, Statements, Alerts, Balance Reporting, Internal Transfers, Stop Payments and Mobile App with Mobile Deposit.

Account Number: ______ **Account Name:** ______ **Tax ID:** ______ **Bill Pay** ☐	**Account Number:** ______ **Account Name:** ______ **Tax ID:** ______ **Bill Pay** ☐	**Account Number:** ______ **Account Name:** ______ **Tax ID:** ______ **Bill Pay** ☐
Account Number: ______ **Account Name:** ______ **Tax ID:** ______ **Bill Pay** ☐	**Account Number:** ______ **Account Name:** ______ **Tax ID:** ______ **Bill Pay** ☐	**Account Number:** ______ **Account Name:** ______ **Tax ID:** ______ **Bill Pay** ☐
Account Number: ______ **Account Name:** ______ **Tax ID:** ______ **Bill Pay** ☐	**Account Number:** ______ **Account Name:** ______ **Tax ID:** ______ **Bill Pay** ☐	**Account Number:** ______ **Account Name:** ______ **Tax ID:** ______ **Bill Pay** ☐

Administrator Information - At least one user must be the Administrator. This entitles the user to create and edit other users. Administrator will be entitled to all accounts and services listed above.

Administrator Name:	**Administrator Mobile Number:**
Administrator Email:	**Administrator Username:** *(Case Sensitive)*
Bill Pay ☐	**User Approval** N/A

Administrator Name:	**Administrator Mobile Number:**
Administrator Email:	**Administrator Username:** *(Case Sensitive)*
Bill Pay ☐	**User Approval** N/A

The undersigned certifies the accuracy of the information provided and acknowledges receipt of a complete copy of this form.

Authorized Signer: ______________________ Title: ______________________

Print Name: ______________________ Date: ______________________