



# Business Online Banking Enrollment Form

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

**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: _____ Zelle <input type="checkbox"/> Bill Pay <input type="checkbox"/>	Account Number: _____ Account Name: _____ Tax ID: _____ Zelle <input type="checkbox"/> Bill Pay <input type="checkbox"/>	Account Number: _____ Account Name: _____ Tax ID: _____ Zelle <input type="checkbox"/> Bill Pay <input type="checkbox"/>
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**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.

<b>Administrator Name:</b>	<b>Administrator Mobile Number:</b>
<b>Administrator Email:</b>	<b>Administrator Username:</b> <i>(Case Sensitive)</i>
Zelle <input type="checkbox"/> Bill Pay <input type="checkbox"/> User Approval N/A	

<b>Administrator Name:</b>	<b>Administrator Mobile Number:</b>
<b>Administrator Email:</b>	<b>Administrator Username:</b> <i>(Case Sensitive)</i>
Zelle <input type="checkbox"/> Bill Pay <input type="checkbox"/> 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: _____	Print Name: _____
Title: _____	Date: _____