



# Business Online Banking Enrollment Form

<b>Port #:</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>Charge/Billing Account:</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.

<b>Account Number:</b> _____	<b>Account Number:</b> _____	<b>Account Number:</b> _____
<b>Account Name:</b> _____	<b>Account Name:</b> _____	<b>Account Name:</b> _____
<input type="checkbox"/> Bill Pay	<input type="checkbox"/> Bill Pay	<input type="checkbox"/> Bill Pay
<b>Account Number:</b> _____	<b>Account Number:</b> _____	<b>Account Number:</b> _____
<b>Account Name:</b> _____	<b>Account Name:</b> _____	<b>Account Name:</b> _____
<input type="checkbox"/> Bill Pay	<input type="checkbox"/> Bill Pay	<input type="checkbox"/> Bill Pay
<b>Account Number:</b> _____	<b>Account Number:</b> _____	<b>Account Number:</b> _____
<b>Account Name:</b> _____	<b>Account Name:</b> _____	<b>Account Name:</b> _____
<input type="checkbox"/> Bill Pay	<input type="checkbox"/> Bill Pay	<input type="checkbox"/> Bill Pay
<b>Account Number:</b> _____	<b>Account Number:</b> _____	<b>Account Number:</b> _____
<b>Account Name:</b> _____	<b>Account Name:</b> _____	<b>Account Name:</b> _____
<input type="checkbox"/> Bill Pay	<input type="checkbox"/> Bill Pay	<input type="checkbox"/> 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.

<b>Administrator Name:</b>	<b>Administrator Mobile Number:</b>
<b>Administrator Email:</b>	<b>Administrator Username:</b> <i>(Case Sensitive)</i>
<b>Administrator Name:</b>	<b>Administrator Mobile Number:</b>
<b>Administrator Email:</b>	<b>Administrator Username:</b> <i>(Case Sensitive)</i>

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: \_\_\_\_\_