



Business Account Online Banking Authorization

Business Name: _____

Name of Owner/Manager: _____

Tax ID #: _____ Phone Number: _____

Email address: _____

Account Number(s):

Authorized Online Banking Users

User's Name: _____ SSN: _____

User's Email: _____

Preferred User ID: _____ Date of Birth _____

Does this person have full authority for all accounts? Yes No

If No, for which accounts does this person have full authority? _____

If No, does this person have authority to view all account activity? Yes No

If No, which accounts can this user view? _____

For which accounts can this user make transactions? _____

User's Name: _____ SSN: _____

User's Email: _____

Preferred User ID: _____ Date of Birth _____

Does this person have full authority for all accounts? Yes No

If No, for which accounts does this person have full authority? _____

If No, does this person have authority to view all account activity? Yes No

If No, which accounts can this user view? _____

For which accounts can this user make transactions? _____

User's Name: _____ SSN: _____

User's Email: _____

Preferred User ID: _____ Date of Birth _____

Does this person have full authority for all accounts? Yes No

If No, for which accounts does this person have full authority? _____

If No, does this person have authority to view all account activity? Yes No

If No, which accounts can this user view? _____

For which accounts can this user make transactions? _____

Authorized by: _____

(Signature of business owner/manager)

Title: _____ Date: _____