



Company Electronic Banking Profile

Business Name: _____

Name of Owner/Manager: _____

Tax ID #: _____ Company Phone Number: _____

Email address: _____

Type of Entity: Corp LLC Non-Profit Sole Proprietorship Partnership Other: _____

ONLINE BANKING (sole proprietorships and unincorporated non-profit organizations) Please complete and attach Business Online Banking User Information form for each user. **Please note users must be authorized signers on the account.**

BUSINESS eBANKING (Corporations, Partnerships and LLCs) Please complete and attach Business eBanking Company Set Up Information form. (Some services, such as ACH and Positive Pay, require separate agreements before service is enabled.) **Please note that primary user must be an authorized signer on the account.**

Signature of Owner/Authorized Signer

Title

Date

FOR INTERNAL USE ONLY

Please attach copy of corporate resolutions and signature cards for all deposit accounts to be enrolled in Electronic Banking

All required CIP information has been submitted Yes No

(If no, please make customer aware that online access will not be granted until all documentation is received, approved and verified.)

Branch _____ Employee _____ Date _____

Account Setup

Employee _____ Date _____

