



# 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

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 \_\_\_\_\_

Employee \_\_\_\_\_ Date \_\_\_\_\_



## Business Online Banking User Information

Business Name: \_\_\_\_\_

Email address: \_\_\_\_\_

*(Please complete and attach separate form for each person who will be accessing the account(s).*

**All users must be authorized signers on the account.**

*Please be aware that telephone numbers listed for the user must be **direct lines**. Users will not be able to register their computers if the listed numbers are routed through a switchboard or automated answering system.)*

User's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

User's Email: \_\_\_\_\_

Work telephone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Preferred User ID: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Account	Account Type	Allow Transfers	Allow Transfers From	Allow Bill Pay	Allow eStatement	Other Restrictions

\_\_\_\_\_  
Signature of User Title Date

\_\_\_\_\_  
Signature of Owner/Authorized Signer Title Date

### INTERNAL USE ONLY

#### Account Setup

Employee \_\_\_\_\_ Date \_\_\_\_\_

Date of welcome email: \_\_\_\_\_