

E-BANKING APPLICATION

Legal Business Name: _____
 Mailing Address: _____
 Physical Address: _____
 City/State/Zip: _____ Tax ID or SSN: _____
 Business Phone: _____ Cell Phone: _____ Fax Number: _____
 Contact Name #1: _____ Contact Name #2: _____
 Email #1: _____ Email #2: _____
 Website URL: _____ Description of Business: _____

Does your Business process payments on behalf of other merchants? Yes No
 Length of time in Business: _____ years _____ months
 Is your business registered with the Secretary of State? Yes No
 Is your business qualified to do business in the state? Yes No
 Are you current on all payroll, income and property taxes? Yes No
 Is the business or any member(s) a defendant in a suit or legal action? Yes No
 Has the business or any member(s) gone through bankruptcy or
 have a judgment against them? Yes No

E-BANKING PRODUCT REQUEST

ACH - Direct Deposit Wire Positive Pay
 ACH – Direct Debit Remote Deposit Other _____

I authorize the bank to obtain verification of any information needed to complete my E-banking request. This information includes but is not limited to my bank account, other assets, employment earning record and the need to order a business and/or consumer credit report. I further authorize anyone to accept a photocopy or facsimile of this document as his or her authorization to release such information, including detailed payoff information, to the bank. Everything that I/we have stated in this application is correct to the best of my/our knowledge. I/we understand that you will retain this application whether or not my/our request is approved.

Applicant – Account Owner/Officer	Printed Name	Date
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PLEASE NOTE: Bank may request financial statements and tax returns at any time during the approval process, regardless of current account standings with the bank.