



GLACIER BANK 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: _____

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

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.