

Electronic Banking Worksheet for Business

Business Name(s):	Accounts & Nicknames
Portfolio #s:	
SSN(s) or EIN(s):	
Address:	
City, State, Zip:	
Contact Person(s):	
Phone Number:	
Email Address:	
Please check Electronic Banking Options you are interested in (additional paperwork will be required) :	Person(s) needing access:
Business Online Banking	Name:
Internal Transfers	Phone Number:
Specific transfers between accounts	Email Address:
Openly between all accounts	Hours of Access: 24/7
Mobiliti Business	Options: All Selected Inquiry Only
Mobile Deposit Capture	Other:
Limit:	Name:
Stop Payments	Phone Number:
ACH Fund Transfers	Email Address:
To another Financial Institution	Hours of Access: 24/7
Dual Control Yes No	Options: All Selected Inquiry Only
From another Financial Institution	Other:
Dual Control Yes No	Name:
ACH File Transfers Dual Control Yes No	Phone Number:
Wire Transfers to another Financial Institution	Email Address:
Dual Control Yes No	Hours of Access: 24/7
Merchant Capture	Options: All Selected Inquiry Only
Dual Control Yes No	Other:
Business Bill Pay Dual Control Yes No	Name:
e-Statements	Phone Number:
	Email Address:
Images Statement CD	Hours of Access: 24/7
Bank use	Options: All Selected Inquiry Only
Received by: CHRIS L Date Created:	Other:
Secure Email Mail In Person delIsba	Ink.com Rev. 07/2017 1 of 1