

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