



Business Internet Banking Enrollment Form

Company Name _____ Tax ID# _____

Address 1 _____

Address 2 _____

City/State/Zip _____

Contact Name/Administrator _____

Telephone _____ Fax _____

E-mail _____

The primary account number is the account that will be billed for all applicable fees.

	Ckg	MMA	Sav	Options
Primary Account # _____				ACH Payment/Collection
Account 2 # _____				Bill Payment (Acct # _____)
Account 3 # _____				File Upload (Payroll)
Account 4 # _____				File Upload (Reconciliation)
Account 5 # _____				File Download (Reconciliation)
Account 6 # _____				Loan Payment
Account 7 # _____				Loan Draw (approval required)
Account 8 # _____				

Loan Accounts Yes No

This enrollment form evidences your desire to access your accounts using Business Internet Banking (BIB) and identifies the specific accounts and services that will be accessible. You acknowledge that, at your request, additional accounts and/or services may be added in the future that do not appear on this form. Your signature on the enrollment form constitutes your agreement to the terms and conditions of Business Internet Banking.

Authorized Signature _____ Date _____ Title (Officer of company or equivalent) _____

For Office Use Only

Setup
 Billing
 ACH Agreement
 Faxes
 _____ Approval for Loan Draw

_____ Initials
 _____ Date Completed

CSR Initials _____
 Branch _____
 Date _____