



Online Banking Application for Business Accounts

Submit completed application in person to a personal banker or by mail to any ABC Bank location.

BUSINESS INFORMATION

Business Name: _____ Bus Phone: _____
Business Address: _____

INDIVIDUAL INFORMATION

Name: _____ Home Phone: _____
Address: _____
E-mail Address: _____
SSN: _____ Mother's Maiden Name: _____

BANK ACCOUNT INFORMATION

<u>Account Number</u>	<u>Account Name</u>	<u>Account Type</u>
_____	_____	<input type="checkbox"/> DDA <input type="checkbox"/> Sav <input type="checkbox"/> CD <input type="checkbox"/> Loan
_____	_____	<input type="checkbox"/> DDA <input type="checkbox"/> Sav <input type="checkbox"/> CD <input type="checkbox"/> Loan
_____	_____	<input type="checkbox"/> DDA <input type="checkbox"/> Sav <input type="checkbox"/> CD <input type="checkbox"/> Loan
_____	_____	<input type="checkbox"/> DDA <input type="checkbox"/> Sav <input type="checkbox"/> CD <input type="checkbox"/> Loan

AUTHORIZATION AND AGREEMENT

By signing below, I hereby apply for ABC Bank's Online Banking service ("Service") and authorize ABC Bank ("Bank") and its agents to provide Service to the individual designated above for the Bank accounts designated above. By signing below, I/we acknowledge that the use of Service is subject to the terms and conditions contained in: (a) the Online Banking Agreement and Disclosure ("Agreement"), which is disclosed on Bank's website at www.abcbank.net, and (b) the Deposit Account Agreement and Disclosure, which was received when the deposit account(s) designated above was (were) opened, and agree that using Service confirms acceptance of the terms and conditions set forth in the Agreement.

An authorized account signer may cancel Service at any time by written notice. Upon such cancellation, Bank is authorized to continue making payments and other previously authorized transactions until Bank has had a reasonable opportunity to act upon the termination notice. Non-usage of Service for 6 months will automatically result in termination of Service.

I am authorized by appropriate business resolutions to apply for Service. This authorization will remain in force until revoked by an authorized signer or by Bank. I/we hereby certify that all statements in this application are true and complete and are made for the purpose of obtaining Service.

In witness whereof, the parties hereto have executed this Agreement as of the date set forth below.

_____ Signature of Authorized Account Signer	_____ Printed Name	_____ Date
_____ Signature of Individual Designated Above (if different than above)	_____ Printed Name	_____ Date

FOR BANK USE ONLY

Ownership verified by: _____ Portfolio & Name Line #: _____
Caller Record Setup completed by: _____ Date: _____
Account Maintenance Completed by: _____ Date: _____