Business Online Banking Setup Form

Client Information				
 Company N 	ame			
Contact Nar	ne			
• Address				
• City, State, Z	Zip			
 Company Pl 	none #:			
• Company Ta	ax ID #:			
• Company W	ebsite:			
Contact Ema	ail:			
Business Ho	ours account will be a	ccessed:		
	<u>on</u>			
Account Informati				
	x ID number will be av	ailable for both Inquiries and transf	ers unless otherwise noted below	W.
		ailable for both Inquiries and transf Short name: (what it will be c	alled on online banking)	
All accounts under ta List each account #:	(including loans)	Short name: (what it will be c		
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List any accounts that should	ld be restricted fro	m Internet Banking Inquires:	
Administrator Name:			
(Must be on Corporate Reso	olution)		
Requested Access ID (if av	ailable)		
Security Question			
State Bank of Herscher		Company Name:	
Signature:		(Authorized) Signature	
Printed Name:		Printed Name:	
Title:		Title:	
Date:		Date:	
*It is the responsibility	y of the Compa	ny Administrator to inform State Banl	k of Herscher in
-	-	n any individuals that are set up and t	
After signing this agreement account officer for verificati	•	ne Business Online Banking Setup Form, bring th	is document to your
FOR BANK USE ONLY			
Application received by:	Date	Mailed / E-mailed Access ID to Customer: Initialed:	Date:
Connect3 setup by (Full Name):	Date	Mailed / E-mailed Password to Customer: Initialed:	Date:
Password setup by: Initialed:	Date:	Letter sent to Business:	Date:
Security/verified by:	Date:	_	

Business Online Banking User Setup Form:

• Name:				
• Position:				
• Email Address:				
Requested Access ID (if available)				
Security Question				
Security Answer	:			
Business Hours able to access account:				
List each account they (Deposit and Loan acco		Remote Deposit Y/N		

^{*}All users that make transfers must have authority on the Corporate Resolution*

Transfer (List all transfer options) (Example) Can transfer from acct# 1234 to account # 3	3456
Transfer from#	Transfer to#
	<u> </u>
	
	<u> </u>
	
Herscher to assign this user a	the Company Administrator to allow State Bank of ccess and rights to the accounts I have listed. If there is son should no longer have access I will let State Bank y*
State Bank of Herscher:	Company Name:
Signature:	(Authorized) Signature
Printed Name:	Printed Name:
Title:	Title:
Date:	Date:

User name: _____

User signature: _____