

**BUSINESS INTERNET BANKING
CLIENT AUTHORIZATION**

General Company Information

Client Number: (Assigned by Bank)

Company Name:

Address:

City, State, Zip:

Tax ID Code:

Tax ID Number:

Contact Name:

Contact Phone:

E-Mail:

Contact Fax Number:

Product Choice

E-Corp Inquiry E-Corp E-Corp *Plus ACH* Remote Deposit Remote Deposit *Plus ACH*

Remote Deposit High Speed Scanner: Yes No

Users

User1 Name:

User2 Name:

User3 Name:

User4 Name:

User5 Name:

User6 Name:

Authorized Signature

Name

_____ / ____ / ____

Title

Date

Please fill out the "Business Internet Banking Client Authorization" form and return to the main bank to begin the enrollment process.