

INTERNAL USE ONLY								
EBR:		CIF #:						
Application:	□New □ Revised							

Business Online Banking Application

			Dusiness online building Approacion										
				Customer Inf	ormation								
Business Name:					Date:								
Address:													
Work Phone #:		Tax II											
Mobile #:		Email:											
Administrator Email:													
We(Business Name) understand and take responsibility for giving access to any authorized user(s). We understand will have access to all account information and transfer abilities as set up by our Administrator. We also understand and accept the responsibility of removing authorization of the user(s) when necessary.													
We give our permission for, to be established as the Administrator. We are aware that as the Administrator, he/she will have access to our accounts. We request the Administrator to have full access for setting up/deleting and maintaining all users for the Business Online Banking account(s). We authorize the Administrator to have full authority in giving other users access to detailed account information.													
Online Banking Users													
Name:													
Email:				1	Mobile Phone				_				
Status:	☐ Adding	User 🗆	Removing User	Authorization: [☐ Full Admin	☐ Partial	Admin	w Only L	☐ No Access (ACH Only)				
Name:													
Email:		–		1	Mobile Phone				-				
Status:	☐ Adding	j User ⊔	Removing User	Authorization: [→ Full Admin	☐ Partial	Admin 🗆 Vie	w Only L	No Access (ACH Only)				
Name:													
Email: Status:	☐ Adding	ı llear 🔲	Removing User		Mobile Phone		Admin □ Vie	w Only F	☐ No Access (ACH Only)				
Name:	□ Auuiii	J OSEI L	Removing Osei	Authorization.	_ Full Autiliii	□ Paillai	Aumin L vie	W OIIIY L	I NO Access (ACH Only)				
Email:					Nobile Phone	#•							
Status:	☐ Adding	u User 🗆	Removing User				Admin 🗆 Vie	w Only D	No Access (ACH Only)				
		, ***		Additional Ma				, _					
CIF #:	A	dding 🗆 I	Removing	List:	intenance								
Account #			Removing	List:									
				Signatu	res								
The Commercial & Savings Bank has the permission to speak with the Administrator concerning the accounts listed on the Business Online Banking application and complete any request to reset or unlock the Business Online Banking account.													
By signing below, I/we clarify that the information provided is true and accurate. I/we authorize The Commercial & Savings Bank to verify any information included in this application. The use of online banking shall be governed by the terms and conditions of the online banking agreement and disclosures and such other terms and conditions or amendments thereto, as may be established by The Commercial & Savings Bank.													
Signers listed below are authorized by said business/organization to make changes to this Business Online Banking Service and will be the only persons recognized by CSB for this purpose. When applicable, Board minutes approving Business Online Banking will be attached.													
Administrator Signature:			iateo approving bus	coo ominie D	unning Will	oc attached.	Date:						
Administrator Name:													
Authorized Signer Signature:								Date:					
Authorized Signer Name:									·				
A													

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EQUAL HOUSING LENDER Rev: 07/21





Synergy Path: CIF Cabinet / Online Banking Application