



The Commercial & Savings Bank

Business Online Banking Application

Customer Information	
Business Name:	
Tax ID#:	
E-Mail:	
Work Phone:	
Cell Phone:	
Address:	
Administrator Email Address:	

We _____ (Business Name) understand and take responsibility for giving access to any authorized user(s). Users 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 _____ (Business Online Banking Administrator), SS# _____ 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.

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.

Signatures

Signer 1: **Date:** _____

Signer 2: **Date:** _____

Signer 3: **Date:** _____


Signer 4: **Date:** _____

INTERNAL USE ONLY		INTERNAL USE ONLY		INTERNAL USE ONLY		INTERNAL USE ONLY		INTERNAL USE ONLY	
ARS:		Banking Center:		Legal Docs:		EBR:		Date:	
CIF#:				OLB ID #:					


Member FDIC

Rev. 10/17

Synergy Path = CIF Cabinet / Online Banking Application


800.654.9015
330.674.9015


www.csb1.com
fax: 330.674.3730


91 North Clay St. | P.O. Box 232
Millersburg, OH 44654