

Business Online Banking Application

Customer Information

Business Name:		Date:	
Address:			
Work Phone #:		Tax ID #:	
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:		Mobile Phone #:	
Status:	<input type="checkbox"/> Adding User <input type="checkbox"/> Removing User	Authorization:	<input type="checkbox"/> Full Admin <input type="checkbox"/> Partial Admin <input type="checkbox"/> View Only <input type="checkbox"/> No Access (ACH Only)
Name:			
Email:		Mobile Phone #:	
Status:	<input type="checkbox"/> Adding User <input type="checkbox"/> Removing User	Authorization:	<input type="checkbox"/> Full Admin <input type="checkbox"/> Partial Admin <input type="checkbox"/> View Only <input type="checkbox"/> No Access (ACH Only)
Name:			
Email:		Mobile Phone #:	
Status:	<input type="checkbox"/> Adding User <input type="checkbox"/> Removing User	Authorization:	<input type="checkbox"/> Full Admin <input type="checkbox"/> Partial Admin <input type="checkbox"/> View Only <input type="checkbox"/> No Access (ACH Only)
Name:			
Email:		Mobile Phone #:	
Status:	<input type="checkbox"/> Adding User <input type="checkbox"/> Removing User	Authorization:	<input type="checkbox"/> Full Admin <input type="checkbox"/> Partial Admin <input type="checkbox"/> View Only <input type="checkbox"/> No Access (ACH Only)

Additional Maintenance

CIF #:	<input type="checkbox"/> Adding <input type="checkbox"/> Removing	List:	
Account #:	<input type="checkbox"/> Adding <input type="checkbox"/> Removing	List:	

Signatures

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:		Date:	
Administrator Name:			
Authorized Signer Signature:		Date:	
Authorized Signer Name:			

