

# Business Online Banking Application



**MAPLE BANK**  
CHAMPLIN

Date: \_\_\_\_\_  New Account  Change Users  Add Bill Pay (may also enroll Online)  Cash Management Services

I'd like the following type of Online Banking Service:

- Online Access (view activity, checks, transfer funds between accounts)
- Online Access with Bill Payment Services (access services, pay bills electronically)
- Online Cash Management (access services, bill payment, ACH options, direct deposit & payment, wire transfers, tax pymts)

Please set up the following Users for Online Banking Access: (Except for Online Cash Management, all individuals must be authorized signers on the account. Online Cash Management offers an enhanced level of security which is controlled by your business. You elect an "Administrator" who will control your individual user's right of access and permissions to use this service.)

## ABOUT YOUR BUSINESS

Business Exact Legal Name		DBA Name (if any)		
Business Street Address		City	State	Zip
Mailing Address		City	State	Zip
Federal Tax ID	Business Phone		Business Fax	
Business Web Address				

## AUTHORIZED OFFICER ( Administrator for Online Cash Management )

Name of Primary Authorized Officer/Owner (First, MI, Last) \_\_\_\_\_

Authorized Primary Officer must be one of the following:  
 President/Chairman  Vice President  Treasurer  Owner/Proprietor  Partner

Home Address		How long?	City	State	Zip
Home Phone	Social Security Number	Birth Date	Driver's License No or Other ID-copy		
Cell Phone	Business Phone		E-Mail Address		
Years with Business	Do you currently bank with Maple Bank?	Mother's Maiden Name			

**Account Access –**  
 Complete Access to Primary and Joint Accounts   
 Accounts To Be Accessed \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Account To Be Charged For Bill Pay \_\_\_\_\_

## ADDITIONAL USERS – Not required for Online Cash Management

**Secondary User – will share Login ID/password.**  
**If separate Login ID desired check here** . There will be a \$5 monthly fee to maintain this additional Login ID.

First Name		Middle Initial	Last Name		
Check if you are a: <input type="checkbox"/> Officer <input type="checkbox"/> Owner <input type="checkbox"/> Signer			Business Title:		
Home Address		How long?	City	State	Zip
Home Phone	Social Security Number	Birth Date	Driver's License No or Other ID-copy		
Cell Phone	Business Phone		E-Mail Address		
Years with Business	Do you currently bank with Maple Bank?	Mother's Maiden Name			

**Account Access –**  
 Complete Access to Primary and Joint Accounts   
 Accounts To Be Accessed \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Account To Be Charged For Bill Pay \_\_\_\_\_

Everything stated in this application is correct to the best of my knowledge. You are authorized to obtain credit reports for the purpose of opening this account. This is an application to open an account, which is considered open upon the signing of a signature card and the acceptance of your first deposit. A person supplying a false material statement that is believed not to be true with respect to information on this application "is guilty of perjury." M.S. § 48.512, Subd.2	_____
	Applicant #1 Signature
	_____
	Applicant #2 Signature

## FOR BANK USE ONLY

LOGIN NAME ASSIGNED: \_\_\_\_\_ PIN: \_\_\_\_\_