

Self-Service Banking Business User Enrollment Form

Business Name:

Business Street Address:			Business Phone	Business Phone:		
City, State:			Zip Code:			
Supervi	sor Name:	Supe	Supervisor Login ID (assigned by the bank):			
Supervi	sor e-mail address*:					
*A temporary password will be e-mailed to the Supervisor. Additional users and/or supervisors will be created by the supervisor after he/she logs in to online banking.						
(16-cha behalf	_	ator enter the Business Are name that will appear below:		entry for all ACH it	ems submitted on	
Access	Feature Name	Single Transaction Limit (optional)	Daily Limit (required)	Weekly Limit (optional)	Monthly Limit (optional)	
	ACH Collections					
	ACH Payments					
	ACH Receipts					
	Add Business User	<i>77777777</i>				
	Bill Pay	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>				
	Payroll					
	Prenotes	\//////X				
	Send a File			<i>(////////////////////////////////////</i>		
	Tax Payments					
	Transfers	<u> </u>	<u>/////////////////////////////////////</u>			
Comme	ents/Special Instruction	ons:				

Business CIF Number (from Jack Henry):