

BUSINESS ONLINE BANKING ENROLLMENT FORM

BUSINESS INFORMATION			
Business Name:		Tax ID:	
Address:		Business Phone #:	
City, State & ZIP:		Fax:	
Primary Account Number		Account Nickname: le: Operation	

PRIMARY CONTACT INFORMATION			
Contact Name:		Best Contact Phone #:	
E-mail Address:			

SENIOR ADMINISTRATOR ACCESS RIGHTS (MUST BE AN AUTHORIZED ACCOUNT SIGNER TO ALL ACCOUNTS LISTED)							
User #1 Name:		Log In ID: Maximum Characters 19					
Email Address:		Phone #:					
AUTHORIZED FUNCTIONS				INTERNAL TRANSFERS			
Account Number	Account Access	Stop Payments	Bill Pay	Mobile Deposit Capture	Initiate	Requires Approval	Approval Rights for others
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security Challenge Question: What are the last four digits of your Social Security Number?						Answer:	

GENERAL ACCESS RIGHTS FOR USER							
User #2 Name:		Authority Level:	<input type="checkbox"/> Level 1 User (Administrators Only – Full Access) <input type="checkbox"/> Level 2 User (Supervisor or Employees – Limited access) Please choose from functions below.				
Log In ID: Maximum Characters 19							
Email Address:		Phone #:					
AUTHORIZED FUNCTIONS				INTERNAL TRANSFERS			
Account Number	Account Access	Stop Payments	Bill Pay	Mobile Deposit Capture	Initiate	Requires Approval	Approval Rights for others
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL ACCESS RIGHTS FOR USER

User #3 Name:		Authority Level:	<input type="checkbox"/> Level 1 User (Administrators Only – Full Access)
Log In ID: Maximum Characters 19			<input type="checkbox"/> Level 2 User (Supervisor or Employees – Limited access) Please choose from functions below.
Email Address:		Phone #:	

AUTHORIZED FUNCTIONS					INTERNAL TRANSFERS		
Account Number	Account Access	Stop Payments	Bill Pay	Mobile Deposit Capture	Initiate	Requires Approval	Approval Rights for others
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL ACCESS RIGHTS FOR USER

User #4 Name:		Authority Level:	<input type="checkbox"/> Level 1 User (Administrators Only – Full Access)
Log In ID: Maximum Characters 19			<input type="checkbox"/> Level 2 User (Supervisor or Employees – Limited access) Please choose from functions below.
Email Address:		Phone #:	

AUTHORIZED FUNCTIONS					INTERNAL TRANSFERS		
Account Number	Account Access	Stop Payments	Bill Pay	Mobile Deposit Capture	Initiate	Requires Approval	Approval Rights for others
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL SERVICES

If you are interested in any of the services below, please check the box(s) and a bank representative will contact you with more information.

- Business Credit Card
- Remote Deposit Capture
- Merchant Processing Services
- Internal Transfer Limitations
- ACH Origination (additional agreement required)
- Positive Pay (additional agreement required)
- Wire Transfers (additional agreement required)

Services Include; balance & transaction inquiry, statements, check images, internal transfers and stop payments. Balance inquiries for Certificates of Deposit are available with 'View Only' capability. Funds must be available to complete a transfer.

ACKNOWLEDGEMENT

By signing below, I authorize Urban Partnership Bank ("Bank") to provide Basic Business Online Banking access ("Service") to the individual(s) and business and account(s) listed above. I acknowledge that the use of Service is subject to the terms and conditions contained in: the Online Banking Service Agreement ("Agreement") and the Deposit Account Agreement and Disclosure, which was received when the deposit account(s) designated above was (were) opened.

An authorized account signer may cancel Service at any time by written notice. Upon such cancellation, Bank is authorized to continue making payments and other previously authorized transactions until Bank has had a reasonable opportunity to act upon the termination notice.

I am authorized by appropriate business resolutions to apply and enroll in the Service. This authorization will remain in force until revoked by Urban Partnership Bank. I hereby certify that all statements in this application are true and complete and are made for the purpose of obtaining Service.

In witness whereof, the party hereto has executed this Acknowledgement as of the date set forth below.

Signature of Authorized Signor

Printed Name

Date

Signature of Authorized Signor

Printed Name

Date

OFFICE USE ONLY:

Submitted by:	Approved by:
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