



COMMERCIAL ONLINE BANKING APPLICATION

This Application is part of the Agreement between _____ (Company) and Charlevoix State Bank (Bank) regarding your use of the Bank's Online Banking Services. The terms of the Agreement are incorporated herein by reference.

- 1. Authorization to Issue Security Codes.** At the direction of the person named below as my Primary Administrator, I hereby authorize the Bank to issue a Company ID and Password for use with the Bank's Online Banking Services, as set forth in the Commercial Online Banking Agreement.
- 2. Appointment of Primary Administrators:** I hereby appoint the following **Primary Administrator** who has maintenance authority over my daily limits, Login IDs and passwords.

Admin Name:

Title:

Requested Username (Login ID):

Check box if cell phone

Telephone:

E-mail address:

3. Default Services:

Optional Services Requested:

- Address Change
- Bill Payment
- Check Reorder
- Stop Payment Request (paper check)
- Transfer of funds between accounts

- ACH Origination (payroll/payments)
- EFTPS Payments
- Wire Transfer

4. Account Information: Bank is hereby authorized to establish online access to the accounts listed below.

ACCOUNT TYPE	ACCOUNT #	ACCOUNT TITLE
Checking		

5. Specify your requested daily risk limits for the following Commercial Banking Services (if applicable):

ACH Origination: \$ _____ Wire Transfer: \$ _____ EFTPS: \$ _____

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Acknowledgment: By **signing** below, you acknowledge receipt of and agree to be bound by the terms of, the Commercial Online Banking Resolution, Agreement and Application Forms.

Company Name:

By: _____ Date: _____
Authorized Signer (signature)

Title: _____

By: _____ Date: _____
Authorized Signer (signature)

Title: _____