



SmartBank[®]

Business Online Banking Enrollment Form

CLIENT INFORMATION

NAME: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BUSINESS PHONE: _____ E-MAIL: _____

TAX ID: _____ ENTITY TYPE: _____

ADDITIONAL ACCOUNT INFORMATION – ONLY LIST ACCOUNTS THAT YOU WANT INCLUDED IN ONLINE BANKING

PRIMARY CHECKING ACCOUNT NUMBER: _____

ACCOUNT NUMBER: _____ ACCOUNT TYPE: _____

ACCOUNT NUMBER: _____ ACCOUNT TYPE: _____

ACCOUNT NUMBER: _____ ACCOUNT TYPE: _____

AUTHORIZED USERS (VIEW/TRANSFER ONLY)

MARK FOR TRANSFER

NAME

DIRECT PHONE

E-MAIL

CAPABILITY

NAME	DIRECT PHONE	E-MAIL	CAPABILITY

OTHER SERVICES

MOBILE BANKING

BILL PAY

WIRE TRANSFER
ORIGINATION*

ACH
ORIGINATION*

POSITIVE PAY*

***Additional agreements and approvals required. Monthly fees apply.**

CERTIFICATION OF AUTHORITY

By signing this Enrollment Form I acknowledge that I have read and understood the Online Banking Terms and Conditions and the Privacy Policy. I also acknowledge that additional agreements and approvals may be required if services other than Online Banking are requested. Additional monthly fees may apply for Treasury Services such as ACH Origination, Wire Transfer Origination and Positive Pay.

I further certify that I have full power and authority to (a) act on behalf of the Client named above and (b) to confer the powers granted to the Authorized Users named above where all Authorized Users are permitted to use Login Identifications and Passwords for the purpose of conducting banking transactions with SmartBank, and to bind the Client listed above.

SIGNATURE OF APPLICANT: _____

DATE: _____

NOTES:

BANK USE ONLY • CALL BACK VERIFICATION *REQUIRED FOR ALL CHANGE REQUESTS RECEIVED ELECTRONICALLY

AUTHORIZED USER CONTACTED

VERIFIED BY (NAME & TITLE PRINTED)

VERIFIED BY (SIGNATURE)

DATE

HOW WAS THIS FORM RECEIVED?

IN PERSON

EMAIL

PHONE NUMBER CALLED: _____

PLEASE DROP COMPLETED FORM BY YOUR LOCAL BRANCH OR EMAIL TO EBANKINGSUPPORT@SMARTBANK.COM