

Online Banking Application

Commercial Accounts

Date: _____

Email Address: _____

Account Owner:

Security Tag: _____

Accessible Account(s)

(Account Owning Entity)

(Tax ID Number)

(Address)

Estates: Y/N

(City)

(State)

(Zip Code)

(Phone Number)

(Authorized User)

(Capacity/Title)

User Authorized for:

Acct. Inquiry

Bill Pay

Transfers

Stop Payments

(Authorized User)

(Capacity/Title)

User Authorized for:

Acct. Inquiry

Bill Pay

Transfers

Stop Payments

(Authorized Account Owner)

(Title)

Your User ID and password will be mailed to you.

FAX: 573-657-0202

Bring this application into our banking location, fax or mail it to:

Connections Bank

P.O. Box 228

Ashland, MO 65010

Before using Online Banking, users must first agree to the *Connections Bank Online Banking Service Agreement and*

Disclosure Statement which is displayed when first logging-on to Net Teller.

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Date Received: _____ User ID: _____

Received by: _____ ID/Password Mailed _____

Processed by: _____