



BUSINESS INTERNET BANKING APPLICATION

Please complete this Business Internet Banking application and return it to one of our Branch Offices. Upon approval a Banking representative will contact you with your login information.

If you are requesting ACH capability, the Operations department will review your entire application and further information may be required. If approved, you will be required to sign an ACH agreement before system access will be granted.

Please choose your desired package:

- Basic 'Lite'
 Basic 'Plus'
 Standard 'Lite'
 Standard 'Plus'
- (Plan descriptions and any applicable fees are detailed in the Business Internet Banking Product Definition Sheet)

BUSINESS INFORMATION

Full Legal Name of Business		Tax ID/SSN
Business Address		
City	State	Zip Code
Business Phone Number	Email Address	
Primary Authorized Signer		Title
Secondary Authorized Signer		Title
Nature of Business	Annual Sales: \$	
Type of Business		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> General Partnership <input type="checkbox"/> Other _____ </div> <div style="width: 45%;"> <input type="checkbox"/> C Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Trust <input type="checkbox"/> Limited Partnership </div> </div>		
Account Activity Information:		
Expected Monthly Deposit Activity: \$ _____		
Expected Monthly Withdrawal Activity: \$ _____		
Expected Monthly Wire Transfer Activity: \$ _____		

INITIAL VIEW AND TRANSFER SET-UP

Account Number	Account type	Loan Note Number	BillPay Account*	Account Number	Account Type

*BillPay can only be added to Checking Accounts

ACH SET-UP (Yes / No) Note: ACH capability is only available with the Standard 'Plus' service package ** Please indicate the account number and the requested dollar amount		
Account	ACH Payment Limit requested	
Account	ACH Payment Limit requested	
Co-Applicant Information *		
Name **	This section is intended for Internal Bank use Only.	
(First) (MI) (Last)		
Soc. Sec. No		Home Phone
Home Address (Street, City, State, Zip code)		
Previous Address (If less than 2 years)		
Position at Current Business		Ownership %
Trustee		
Bank Name	Checking Acct no.	Acct. Balance
Bank Name	Savings Acct no.	Acct. Balance

Date Received: _____

By: _____

System Enrollment Date: _____

Operator: _____

Operations Approval (If requesting ACH): _____

* For multiple Co-Applicants a separate application is available.
 ** Other information may be required to complete enrollment process

**Business Internet Banking and Bill Payment
User Terms and Conditions**

In this agreement, "I", "me", and "my" refer to the person or persons signing this agreement. "Account" refers to the checking account from which bills will be paid.

1. I hereby authorize Seamen's Bank or its authorized agents to enable the above deposit accounts for use with Business Internet Banking.
2. I authorize Seamen's Bank to transfer funds between the account(s) I have designated, at the direction of any person conducting the transfer through an authorized Seamen's Business Internet Banking On-line Account and representing himself/herself as an authorized party to conduct such transfers.
3. I hereby authorize Seamen's Bank or its authorized agent to make payments to creditors for me, as I may authorize by PC (personal computer) from time to time, and also authorize Seamen's Bank to post such payments to my account.
4. I understand that Seamen's Bank or its authorized agent will use reasonable efforts to ensure payments reach creditors on time, but cannot guarantee the time a payment will be posted by a creditor. Seamen's Bank or its authorized agent will use reasonable effort in ensuring creditors reverse any service fee or late charge that is related to payment process error. I also understand that Seamen's Bank or its authorized agent will not be responsible for any loss or penalty that I may incur due to lack of sufficient funds or other conditions that may prevent the withdrawal of funds from my account.
5. Seamen's Bank may change a fee with at least 30 days prior notice.
6. With submission of this application, I hereby agree with all User Terms and Conditions and understand that I can cancel this On-line and Bill-pay account at any time by submitting a request in writing to the Bank.
7. By signing below, I (we) indicate that everything stated in this Application is correct. Seamen's Bank shall retain this Application whether or not it is approved. The Bank is authorized to check the credit and employment history of the Applicant(s).

I believe this application to be complete and accurate. I agree to abide by the Business Internet Banking terms and conditions.

Signature

Signature

Date

Printed Name

Printed Name

Bank