

ACH SETUP

Account Number

ACH Payment Limit Requested

Account Number

ACH Payment Limit Requested

CO-APPLICANT INFORMATION (1)

Name

Social Security Number

Home Address

Previous Home Address (If Less Than Two Years)

City, State, ZIP

City, State, ZIP

E-Mail Address

Phone Number

Reference Bank Name

Checking Account Number Account Balance (\$US)

Reference Bank Name

Savings Account Number Account Balance (\$US)

CO-APPLICANT INFORMATION (2)

Name

Social Security Number

Home Address

Previous Home Address (If Less Than Two Years)

City, State, ZIP

City, State, ZIP

E-Mail Address

Phone Number

Reference Bank Name

Checking Account Number Account Balance (\$US)

Reference Bank Name

Savings Account Number Account Balance (\$US)

FOR BANK USE ONLY

Received By (Operator)

Date Received

System Enrollment Date

Operations Approval (If Requesting ACH Transfers)



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. I understand that I must notify Seamen's Bank or its authorized agent if my user credentials are lost or compromised; also I understand that Seamen's Bank or its authorized agent cannot be held liable for any financial losses due to fraudulent transactions posted to my account,
6. Seamen’s Bank may change a fee with at least 30 days prior notice.
7. 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.

AUTHORIZATION

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 (we) believe this application to be complete and accurate. I (we) agree to abide by the Business Internet Banking Terms and Conditions.

Signature of Primary Authorized Signer

Date Signed

Signature of Co-Applicant (1)

Date Signed

Signature of Co-Applicant (2)

Date Signed