

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.

PLEASE CHOOSE YOUR DESIRED PACKAGE

Standard

Standard Plus

Plan descriptions and any applicable fees are detailed in the "Business Internet Banking Information and Fees" page on our website.

BUSINESS INFORMATION

Full Legal Name of Business

Tax Identification Number/SSN

Mailing Address

E-Mail Address

City, State, ZIP

Phone Number

Primary Authorized Signer

Secondary Authorized Signer

Primary Signer's Title

Secondary Signer's Title

Nature of Business

Type Of Business (Sole Prop, Non-Profit, S Corp, etc.)

Annual Sales (\$US)

Expected Monthly Wire Transfer Activity (\$US)

Expected Monthly Deposit Activity (\$US)

Expected Monthly Withdrawal Activity (\$US)

INITIAL VIEW AND TRANSFER SETUP

<i>From: Account #</i>	<i>Account Type</i>	<i>Loan Note #</i>	<i>Bill Pay (Y/N)</i>	<i>To: Account #</i>	<i>Account Type</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

ACH SETUP (STANDARD PLUS ONLY)

If you are enrolling in the Standard Plus package and requesting ACH capability, the Bank will review your entire application and further information will be required for credit approval. If approved, you will be provided with the latest NACHA rulebook and are required to sign an ACH agreement before system access is granted.

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 2 years)

City, State, ZIP

Previous City, State, ZIP

E-Mail Address

Phone Number

Reference Bank Name (1)

Checking Acct No.

Account Balance (\$US)

Reference Bank Name (2)

Savings Acct No.

Account Balance (\$US)

CO-APPLICANT INFORMATION (2)

Name

Social Security Number

Home Address

Previous Home Address (if less than 2 years)

City, State, ZIP

Previous City, State, ZIP

E-Mail Address

Phone Number

Reference Bank Name (1)

Checking Acct No.

Account Balance (\$US)

Reference Bank Name (2)

Savings Acct No.

Account Balance (\$US)

EXTERNAL TRANSFERS SETUP

The External Transfers feature allows you to send funds from your Seamen's Bank Business Account(s) to an account at another Financial Institution. This feature cannot be used to transfer funds into your account with us.

RECEIVING BANK INFORMATION (1)

_____	_____	_____
<i>Bank Name</i>	<i>Bank Routing Number</i>	<i>Account Number</i>
_____	_____	_____
<i>Account Name/Description</i>	<i>Account Type (DDA/Savings)</i>	<i>Personal or Corporate</i>

RECEIVING BANK INFORMATION (2)

_____	_____	_____
<i>Bank Name</i>	<i>Bank Routing Number</i>	<i>Account Number</i>
_____	_____	_____
<i>Account Name/Description</i>	<i>Account Type (DDA/Savings)</i>	<i>Personal or Corporate</i>

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 authorize Seamen's Bank to post such payments to my account.
4. I understand that Seamen's Bank or its authorized agent will make 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

FOR BANK USE ONLY

Received By (Operator)
Rev. 3/2024

Date Received