

KCNB BUSINESS ONLINE ENROLLMENT

BUSINESS INFORMATION

Client Name: _____ Tax ID: _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

BUSINESS TYPE

☐ Corporation ☐ Sole Proprietorship ☐ Limited Liability Company (LLC) ☐ Partnership ☐ Non-Profit
☐ Municipality/School (Public Funds) ☐ Unincorporated Association ☐ Other: _____

ACCOUNTS

Account Number	Account Name	Account Type

ENROLL IN BUSINESS ONLINE SERVICES

☐ ACH Manager

☐ ACH Positive Pay

☐ Check Positive Pay

PRIMARY USER (SENIOR ADMINISTRATOR) ____ Add ____ Change ____ Delete

Name: _____ Last 4 SS: _____ Title: _____

Email Address: _____ Phone: _____ Fax: _____

Senior Admin indicated above is the primary user on the online banking system and has rights to all accounts and services indicated on this application. The Senior Administrator is responsible for creating additional users (if desired) and assigning users' rights.

I, the undersigned, do hereby acknowledge that I am authorized under the attached resolution too act on behalf of the company, group, association or organization. In addition, I acknowledge receipt of and agree to the terms and conditions set forth in the Business Online Banking Agreement.

Authorized Signature

Printed Name

Title

Date

USER (ADMINISTRATOR) ☐ Add ☐ Change ☐ Delete

User (Administrator)(s) indicated below is the secondary user on the business online banking system and has rights to all accounts and services authorized by Senior Administrator.

Name: _____ Last 4 SS: _____ Title: _____

Email Address: _____ Phone: _____ Fax: _____

Choose Access:

☐ **Full Access** - Includes initiate internal fund transfers, initiate stop payments, view statements including images of checks and deposit slips.

☐ **Full Access** to the following accounts only: _____

☐ **Limited Access** – Please designate the services each user is authorized to access.

☐ Initiate internal fund transfers
(Checking to Checking/Checking to Loan)

☐ Initiate Stop Payments

☐ View Statements including images of checks and deposit slips

USER (ADMINISTRATOR) ☐ Add ☐ Change ☐ Delete

User (Administrator)(s) indicated below is the secondary user on the business online banking system and has rights to all accounts and services authorized by Senior Administrator.

Name: _____ Last 4 SS: _____ Title: _____

Email Address: _____ Phone: _____ Fax: _____

Choose Access:

☐ **Full Access** - Includes initiate internal fund transfers, initiate stop payments, view statements including images of checks and deposit slips.

☐ **Full Access** to the following accounts only: _____

☐ **Limited Access** – Please designate the services each user is authorized to access.

☐ Initiate internal fund transfers
(Checking to Checking/Checking to Loan)

☐ Initiate Stop Payments

☐ View Statements including images of checks and deposit slips

By signing below, I acknowledge that I have verified that the above signed customer is authorized to act on behalf of this company, group, association or organization. In addition, I have verified the services requested.

Authorized Signature

Printed Name

Title

Date



Below to be filled by KCNB representative only			
Client Number	Date Set Up	Notification Sent	Processed By

