



<i>COMPANY INFORMATION</i>	
Company Name & Address:	
Phone Number:	TIN/SSN:
System Administrator:	
Email Address:	

*By signing below, Client Authorized Offices(s) appoints a System Administrator authorized to perform all functions of the services, including funds transfers, on Client's behalf: to designate Users and assign Security items: and to appoint User Administrators with similar authority.

Specify Accounts:

List all accounts you wish to enable for E-Corp. Money Market and Savings Accounts are subject to transaction limitations. Please refer to the Deposit Agreement for additional details.

Account Number	Account Name/ Nickname	Account Number	Account Name/ Nickname

List of features of E-Corp:

Balance Information, Transaction History, Check Image and Transfers, plus Company Administration Platform.

Additional Services:

- Stop Payments \$15.00
- Domestic Wires \$8.00
- Foreign Wires \$75.00
- ACH Processing (upon approval) \$15.00 per batch & no per item fee.

I (We) confirm the information above. You will be provided a copy of the Online E-Corp Company Agreement / Disclosure with your Welcome Package. I (We) am/are authorized to sign this authorization on behalf of the client. By signing below, I (We) hereby authorize THE BANK to issue a temporary password for my account which must be changed upon first entry into the system.

Authorized Officer Signature

Date

CBT Approving Officer: _____
Date: _____
ACH Limit: _____
Wire Limit: _____