

Business Electronic Banking Application

To become an authorized user of Albany Bank's Electronic Banking System: **Please complete, sign and return this application to any of our convenient locations.**

Your Electronic Banking account information will be mailed to you when your account has been established on the system.

COMPANY NAME _____ E.I.N. _____

Business Address _____ City, State, Zip Code _____ Business Phone Number _____

Mailing Address _____ City, State, Zip Code _____

EB Applicant's Name _____ SSN _____

EB applicant must be an authorized signer on all the companies' accounts. The Applicant named here assumes the role of Administrator for their companies' Internet Banking account. Responsibilities will include adding users as well as assigning user rights and limits.

EB Applicant's e-mail Address _____ (E-mail address is REQUIRED)

EB Applicant's Home Address _____ City, State, Zip Code _____ Home Phone Number _____

Please provide the following information for security purposes

Birth Date _____ Birth Place _____ Mother's Maiden Name _____

- | | |
|---|---|
| <input type="checkbox"/> This is a new application | <input type="checkbox"/> I would like access to Internet Banking |
| <input type="checkbox"/> This is an updated application | <input type="checkbox"/> I already have Telephone Banking and would like access to Internet Banking |
| <input type="checkbox"/> I would like access to Telephone Banking | <input type="checkbox"/> I would like to apply for Internet Banking wire transfers |

ACCOUNT INFORMATION

Business Checking; NOW & MMA's
 _____ (Primary Checking Account)

Business Statement Savings
 _____ (Primary Savings Account)

***Primary Account applies to Telephone Banking Only**

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I have read and agree to all terms and conditions of the Electronic Banking Services Disclosure Agreement. I authorize Albany Bank and Trust Company, N.A. to have information regarding my accounts available to me through the Electronic Banking System. If at any time I decide to discontinue this service, I will provide written notice to Albany Bank and Trust Company, N.A.

EB Applicant's Signature _____ **Date** _____ **PBO Initials** _____

For Office Use Only

A.K. Company _____ A.K. Applicant _____

Usage 0 Usage 5 Approved for Wire Transfers Yes No

Comments: _____

Approved By: _____ Date: _____ Date Open: _____ Date Closed: _____