

COMMERCIAL ONLINE BANKING APPLICATION



EMPLOYEE ONLINE ACCESS AUTHORIZATION

(TO BE COMPLETED BY AUTHORIZED ACCOUNT SIGNER)

Company Name:	Portfolio Number:
Company Address (Street, City, State, Zip):	
Employee Name:	Employee Phone:
Employee Email Address:	

REQUEST TYPE & SECURITY LEVEL: THE FOLLOWING IS REQUIRED FOR EACH ACCOUNT THE EMPLOYEE HAS ACCESS TO.

Create New Access
 Modify Current Access
 Delete Employee
 Add Account
 Modify Account Settings
 Delete Account

Employee (Approvals may be added, select from requirements below)
 Supervisor (Approve employee transactions, No approvals required)

APPROVAL REQUIREMENTS:
 Stop Payments
 Internal Transfers (Account to Account Transfers)

Account Nickname:			
Account Type:			
Account Number:			

ACCOUNT OPTIONS - PLEASE CHECK IF YOU WANT EMPLOYEE TO HAVE ACCESS TO THE FOLLOWING.

<input type="checkbox"/> Inquiry Detail <input type="checkbox"/> Transactions <input type="checkbox"/> Account Number Display	<input type="checkbox"/> Presentments <input type="checkbox"/> Check Images <input type="checkbox"/> ACH Item Search	<input type="checkbox"/> Merchant Deposit Capture* <input type="checkbox"/> ACH* <i>*ACH & Remote Deposit Capture access requires additional bank approval.</i>
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ACCESS TIMES (SELECT ONE):
 24 HOURS A DAY, 7 DAYS A WEEK
 BUSINESS HOURS, 7AM TO 6PM, MON THRU FRI

STOP PAYMENT INFORMATION - WILL EMPLOYEE HAVE ACCESS TO STOP PAYMENTS, CHECK ALL THAT APPLY

Inquiry
 Add
 Delete

FUND TRANSFER OPTIONS - CHECK TRANSFERS EMPLOYEE IS ALLOWED TO CREATE ON THIS ACCOUNT

ACH Transfers* <input type="checkbox"/> ACH Transfer In <input type="checkbox"/> Inquiry Detail	Internal Transfers <input type="checkbox"/> Internal Transfer In <input type="checkbox"/> Internal Transfer Out Enter restriction amount below. Leave blank for none. Amount \$ _____ .00	Loan Payment Types <input type="checkbox"/> Principal Only <input type="checkbox"/> Interest Only <input type="checkbox"/> Regular Payment <input type="checkbox"/> All	Other Payments <input type="checkbox"/> Bill Payment <input type="checkbox"/> Tax Payment
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ACCOUNT SIGNER APPROVAL

I hereby authorize Colombo Bank to allow access to the following employee as stated in this application. I understand this authorization does not add the employee as a signer of account for check writing purposes or bank management, but does allow employee to make transactions on an online basis as I have authorized. I understand Colombo Bank **will not** be responsible for transactions completed by this employee.

Authorized Signature:	Date:
Printed Name	
Title	

Colombo Bank will email the temporary access credentials to the assigned employee via the email provided.

****When an employee or signer is no longer with the organization, a current authorized signer, must notify the bank immediately to ensure the individual's access to terminate.***

FOR BANK USE ONLY

Client ID:	Access ID:	Initial	Date
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