

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.

<input type="checkbox"/> Create New Access	<input type="checkbox"/> Modify Current Access	<input type="checkbox"/> Delete Employee	<input type="checkbox"/> Add Account	<input type="checkbox"/> Modify Account Settings	<input type="checkbox"/> Delete Account
<input type="checkbox"/> Employee (Approvals may be added, select from requirements below)			<input type="checkbox"/> Supervisor (Approve employee transactions, No approvals required)		
APPROVAL REQUIREMENTS: <input type="checkbox"/> Stop Payments			<input type="checkbox"/> 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"/> Presentments	<input type="checkbox"/> Merchant Deposit Capture*
<input type="checkbox"/> Transactions	<input type="checkbox"/> Check Images	<input type="checkbox"/> ACH*
<input type="checkbox"/> Account Number Display	<input type="checkbox"/> ACH Item Search	<i>*ACH & Remote Deposit Capture access requires additional bank approval.</i>

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

<input type="checkbox"/> Inquiry	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
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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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