

Business Online Banking Application

Instructions

Print and fax completed applications to 219-836-0265. By submitting this form to Citizens Financial Bank, you are requesting online access to those business accounts for which you are authorized to do so by Corporate Resolution.

Business Information

Business Name			EIN		
Street Address			Business Telephone		
City	State	Zip	Business Fax		
Primary Contact Information					
Name		Business Telephone		Business E-mail	

Authorized User Information

Please complete the following fields for the individual(s) who will be granted Online Banking access. These individuals will be provided with an Access ID and password to access account information and perform account transactions as requested.

Employee 1: First Name	Last Name	Business E-mail
Employee 2: First Name	Last Name	Business E-mail
Employee 3: First Name	Last Name	Business E-mail
Will all authorized users have the same access? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, the Business Resource Center will contact you for clarification.		

Account Information

In the fields below, provide the account type (checking, savings, etc.) and account number for each account to be made available via Business Online Banking. Only those accounts for which the applicant is an authorized signer may be linked to the online profile.

Account type	Account Number	Nickname	Account type	Account Number	Nickname
* _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

* Service charges will be assessed to this account, if applicable.

Access Request

Please mark all of the following amenities that you are interested in receiving.

- | | |
|---|--|
| A. General Amenities:
<input type="checkbox"/> Stop payments
<input type="checkbox"/> Transfer between internal business accounts
<input type="checkbox"/> View account activity
<input type="checkbox"/> Check Images
<input type="checkbox"/> Electronic Statements | B. Cash Management
<input type="checkbox"/> Wire transfers
ACH Services (If any boxes are checked, complete page 2)
<input type="checkbox"/> Payroll direct deposit
<input type="checkbox"/> Transfer to / from accounts at other banks
<input type="checkbox"/> Tax payments |
|---|--|

Authorization / Signature

This is an application for Business Online Banking access with Citizens Financial Bank. I understand the approval process may include an inquiry into my past banking relationships and a review of my credit history. The Bank reserves the right to refuse access to any user or business based on the information received. The undersigned acknowledge(s) that she/he has read and agrees with the Citizens' Online Internet Banking Agreement and Disclosure available at www.mybankcitizens.com, which includes disclaimers of liability and other matters of interest to users. By accessing the service, you agree to the terms and conditions of the Citizens' Online Banking Agreement and Disclosure. If any user does not login or schedule a transaction through Business Online Banking during any consecutive six-month period, the service will be terminated.

Print Name
Signature
Date

For Bank Use Only	Submitted by (PID #): _____	Employee Processing Application: _____
	Date Application Received: _____	Date Application Processed: _____

NOTE: Complete this page if any boxes were checked under Access Request, section B for ACH Services.

General Business Information																																							
For sole proprietors or business individuals, only list individual's name #1 First Name Middle Initial Last Name SSN				Amount of request _____																																			
#2 First Name Middle Initial Last Name SSN				State of organization _____																																			
Legal Business Name (for business entities) TIN				Date business established _____																																			
Doing Business As / DBA (other names used by company)				Current owner since _____																																			
Street Address (no P.O. Box)				Number of employees _____																																			
City County State Zip Code				Description of business (product/service provided) _____																																			
Statement mailing address (if different from street address)																																							
City County State Zip Code																																							
Business Telephone Business Fax Primary contact																																							
E-mail and/or web site																																							
Type of Business <input type="checkbox"/> S-Corp <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> C-Corp <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Non Profit <input type="checkbox"/> LLP <input type="checkbox"/> Other _____																																							
				<table border="0"> <thead> <tr> <th></th> <th colspan="2" style="text-align: center;"><u>Personal</u></th> <th colspan="2" style="text-align: center;"><u>Business</u></th> </tr> <tr> <th></th> <th style="text-align: center;">*Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">*Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Have there been any bankruptcies or judgments?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Is any collateral offered to Citizens currently pledged to other creditors?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Has the business incurred a loss in any of the last 3 years?</td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Is there any delinquent state or federal taxes owed by the business?</td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Is the business for sale or under agreement that would change the ownership of the business?</td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		<u>Personal</u>		<u>Business</u>			*Yes	No	*Yes	No	Have there been any bankruptcies or judgments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is any collateral offered to Citizens currently pledged to other creditors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the business incurred a loss in any of the last 3 years?			<input type="checkbox"/>	<input type="checkbox"/>	Is there any delinquent state or federal taxes owed by the business?			<input type="checkbox"/>	<input type="checkbox"/>	Is the business for sale or under agreement that would change the ownership of the business?			<input type="checkbox"/>	<input type="checkbox"/>
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Owners and Guarantors (list primary owner first)																																							
Owner / Guarantor #1 <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss (Optional)				Owner / Guarantor #2 <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss (Optional)																																			
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Title				Title																																			
Address (no P.O. Boxes)				Address (no P.O. Boxes)																																			
City State Zip Code				City State Zip Code																																			
Home Telephone Ownership %				Home Telephone Ownership %																																			
Driver's License # State Issued				Driver's License # State Issued																																			
Annual Gross personal Income* \$ _____				Annual Gross personal Income* \$ _____																																			
Monthly House Payment \$ _____				Monthly House Payment \$ _____																																			
Net worth outside of business \$ _____				Net worth outside of business \$ _____																																			
* Alimony, child support, or other income need not be revealed if you do not wish it to be considered a basis for repaying this loan.																																							
<input type="checkbox"/> Check if there are additional owners and/or guarantors. Attach a Small Business Credit Loan Application & Agreement containing the owners' and guarantors' information and signatures.																																							