



### 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 emailed to you when your account has been established on the system.

Company Name \_\_\_\_\_ EIN \_\_\_\_\_

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 \_\_\_\_\_

**Additional fees apply\***

This is a new application

Add Mobile Banking

ACH Origination\*

Add a new User to an existing client

Add Mobile Banking Deposit

Positive Pay\*

Add Internal Transfer

Add Mobile Banking Alerts

Electronic Check Deposit Serv\*

Add Online Bill Pay

Wire Transfer\*

Additional Notes \_\_\_\_\_

Checking accounts

Savings accounts

Other accounts

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_ Banker's Initials \_\_\_\_\_

<b>For Office Use Only</b>	
Approve for Wire Transfers ___ Yes ___ No	Approving Officer Signature _____ Date _____
Comments _____	
Client Name _____	Username _____
Created by _____	Date created _____