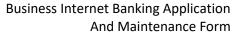


Business Internet Banking Application And Maintenance Form

			☐ NEW APPLICATION	☐ CHANGE REQUEST
CUSTOMER	Date of Request: Business Name: Business Address: Business EIN:	☐ Corporation ☐ Limited Liability Company (LLC) ☐ Limited Liability Partnership (LLP	Branch of Account: Organization/Association Partnership Sole Proprietorship	
	Business Type:	☐ Municipality	□ Other	
BUSINESS INTERNET BANKING SERVICES	payments, and stop payments may apply. Bank of Canton estatements View monthly account Business Bill Pay Pay bills online. Set-up create e-mail reminder Authorization Addended Business Mobile Securely access and materials	nts. Indicate additional services below, if description requires the use of a security token to act statements securely via the Business Internet of payees and vendors, schedule future-dated or so, obtain payment history and generate custor lum	accounts, view check and deposit slip images, initiate internal fullesired. Note that additional documentation may be required ancess the Business Internet Banking platform. Banking platform. Requires eStatement Agreement and Disclosure. In recurring payments, include invoice and/or memo information on earn summary and/or detail reports. Requires the Internet Banking Service. Review balances and activity, view check images, receive alerts, pay bisiness Mobile Deposit Terms & Conditions.	nd additional fees sch 'check' payment, rice Application &





	Accour	nts (for addition	onal accou	nts, attach a separate sheet)				
			IND	Account Number	Account Nickname	Account Type	Access Level*	Primary Account**
	☐ Add	☐ Delete	1			Choose an item.	Choose an item.	
	☐ Add	☐ Delete	2			Choose an item.	Choose an item.	
	☐ Add	☐ Delete	3			Choose an item.	Choose an item.	
	☐ Add	☐ Delete	4			Choose an item.	Choose an item.	
ITS	☐ Add	☐ Delete	5			Choose an item.	Choose an item.	
ACCOUNTS	☐ Add	☐ Delete	6			Choose an item.	Choose an item.	
ACC	☐ Add	☐ Delete	7			Choose an item.	Choose an item.	
	☐ Add	☐ Delete	8			Choose an item.	Choose an item.	
	☐ Add	☐ Delete	9			Choose an item.	Choose an item.	
	☐ Add	☐ Delete	10			Choose an item.	Choose an item.	

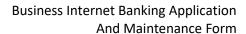
^{*}Access Level for Primary Account must be set to FULL ACCESS. Internal fund transfers, and stop payments require FULL ACCESS. VIEW & DEPOSIT permits transfers in to the account only. VIEW ONLY does not permit any transfers or stop payments.

^{**}Unless otherwise indicated, the first account listed above will serve as the Primary Account for this Business Internet Banking profile. This account will be assessed any fees (if applicable) related to internet banking services, unless otherwise indicated under separate agreement.



Business Internet Banking Application And Maintenance Form

		Add Change Delet	te								urrent Sen		l II
*							If new !	Senior Admi	nistrator i	s already a	user, indic	ate User	ID here:
		enior Administrator Name:				Title:							
SENIOR	SS	SN:	DOB:		Ph	one:							
SE	Er	mail address:				Mothe	r's Maiden N	ame:					
٥	Us	ser ID:				<u> </u>		Token	Туре:		☐ Hard	☐ Soft	
	*S	Senior Administrator indicated ab	oove is the primary user	on the online ban	king system	n and has rights to	all accounts a	nd services ir	ndicated or	this applica	ation.		
		Name	Email Address	SSN	DOB	Phone	User ID	User Level	Account	Transfer	Stop Pay	Bill	Token
				(no dashes)		(no dashes)			Access*	Option	Option	Pay Access	Option
		Add										7100000	
(0		Delete											
USERS		Add Delete											
NS													
		Delete											
		Delete	1 .11.1			1 100	\ C						
		*Indicate which acc	ounts the user will ha	ve access to by	inserting t	ne IND number(s) from the A	sccount Sect	ion above	e, separate	a by comm	as.	
					CUSTOM	IER AUTHORIZ	ATION						
щ	-	I, the undersigned, do hereb	v acknowledge that I	am authorized.				at Bank of C	anton, to	act on beh	alf of this o	ompany.	group.
Ę		association, or organization.		-			•		-				•
IAN		other pertinent Agreements	, Disclosures and/or T	erms & Condition	ons relative	e to the services	selected.						
SIGNATURE	_	Authorized			Printed				Title	e			
		Signature:			Name:				Dat	e:			





		BRANCH AUTHORI	ZATION – BANK USE ONLY				
APPROVAL	By signing below, I acknowledge that I have verified that the above signed customer is authorized to act on behalf of this company, group, association, or organization.						
۷РР	Authorized	Printed	Title				
1	Signature:	Name:	Date:	:			
		<u>, </u>					
		ECOMMERCE DEPAR	RTMENT – BANK USE ONLY				
	Client Number:	Processed by:	Date Processe	ed:			
ā	Client Number: ☐ Client Setup	•	Date Processe (s) Issued	d:			
SSING		•		d:			
CESSING	☐ Client Setup☐ eStatement Setup☐ Business Bill Pay Setup	Token		d:			
PROCESSING	☐ Client Setup☐ eStatement Setup	Token	(s) Issued	d:			
PROCESSING	☐ Client Setup☐ eStatement Setup☐ Business Bill Pay Setup	Token	(s) Issued	d:			
PROCESSING	☐ Client Setup☐ eStatement Setup☐ Business Bill Pay Setup	Token	(s) Issued	d:			