



Online Banking Commercial Application

For Branch Use Only:

Identity/Authorization

Verified: _____

Date: _____

Customer Information

Business Name: _____ Tax ID# _____

Primary Contact: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Verification Code: Circle one of the following question and answer.

What is your (Favorite Color) (Pet's Name) (First Car) (Mother's Maiden Name)? _____

Requested Services

Online Banking

Bill Pay

Account Maint./Add Account

Account Information

| Account # | Account Type |
|-----------|--------------|
| (P) | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

(P) Indicates Primary Checking Account from which charges you incur will be debited.

Account Type: Checking/ Savings/ Over Draft Protection/ Money Market/ Installment Loan/ Mortgage Loan/ Home Equity Line

SIGNATURES: By signing below I have read, understand, and agree to the terms and conditions stated in the Online Banking Agreement and Disclosure Statement. I understand the little bank will issue a temporary password on my behalf which I will be forced to change to a private password the first time I log on to the Online Banking system. By signing below I am authorizing the online banking user above to have full online banking access to the listed accounts.

Signature of authorized signer Date Signature of authorized signer Date

Bank Information (To be complete by bank)

System entry completed by Date Authorized by Date

NetTeller ID: 90700000 _ _ _ _ _