



BUSINESS ONLINE BANKING AUTHORIZATION AGREEMENT

Personal Banker& Extension: _____

Type of Entity: Corporation Sole Proprietorship Partnership LLC Other: _____

Company Name: _____ Date: _____

Mailing Address: _____ City/ST: _____ ZIP+4: _____

Primary Phone: _____ Secondary Phone: _____

Administrator Name: _____ Email Address: _____

Tax ID: _____ CIF Key: _____ Officer Number: _____ Cost Center: _____

BUSINESS ONLINE BANKING SERVICES:

ADDITIONAL SERVICES

Card Manager* CentreSuite* External Transfers Bill Pay (*link only, prior enrollment required)

REQUESTED ACCOUNTS & FUNCTIONS:

ACCOUNT NUMBER				ACCOUNT NICKNAME (ACCT NAME PRESENTED ONLINE)	TRANSFERS TO & FROM
	Type	Prd#	2 Sig		
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Please turn off paper statements for all eligible accounts.*

*I am agreeing to have the monthly paper statement discontinued. I understand that at any time I can re-instate my paper statement delivery at the then current fee established by Central Bank & Trust Co. if applicable.

In this agreement, "I, Me and My" means the Company; "Principal" means the person(s) signing this agreement; and "Bank" means Central Bank & Trust Co. I hereby agree to be bound by all terms, provisions, and conditions contained in the Business Online Banking Terms and Conditions and any additional contractual service agreements, if applicable, as amended from time to time. I agree that I have received a complete copy of the Business Online Banking Terms and Conditions. My and Principal's use of Business Online Banking constitutes agreement to the Business Online Banking Terms and Conditions and any modifications thereafter made. I and Principal(s) each certify that the above statements are correct and authorize Bank to conduct any investigation for its compliance and due diligence needs as the Bank determines is reasonable. Principal also authorizes the direct correspondence between the above name Administrator and authorizes the Administrator to order changes and upgrades to my Business Online Banking service. The Bank reserves the right to decline any application after proper consideration.

NAME OF OWNER(S)/MEMBER(S)	SIGNATURE OF OWNER(S)/MEMBER(S)	EMAIL ADDRESS	PHONE NUMBER	DATE

SHADED AREAS FOR BANK USE ONLY

Mailing Package: <input type="checkbox"/> Bank Representative <input type="checkbox"/> Customer	
Processed By: _____ Date: _____	Organization ID: _____ User ID: _____
Charge Plan Assigned: _____	Verified By: _____ Date: _____