



Application and Agreement for Cash Management Services

 NEW

 UPDATE

General Information

Business Customer Name	Telephone Number

Mailing Address

City	State	Zip Code

Physical Address (if different than above)

City	State	Zip Code

Services Requested *(in addition to Online Banking)*

Service Type	Daily Limit	Mandatory Dual Control
<input type="checkbox"/> Bill Pay	\$10,000	N/A
<input type="checkbox"/> E-Wire	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> E-ACH	See Application Supplement	See Application Supplement
<input type="checkbox"/> Positive Pay	N/A	N/A
<input type="checkbox"/> Online Banking	N/A	N/A
<input type="checkbox"/> Sweep Account	See Setup Form	N/A

Your Designated Administrator

Administrator Name	Telephone Number

Administrator's E-Mail Address

Designated Accounts

Account Number	Account Type (e.g. Checking, Savings, Money Market)

Agreement

By signing below, you acknowledge that you have received the "Cash Management Services Agreement" and agree that the business customer named above will be bound by its terms. You further certify that the Designated Accounts are now, and will be used exclusively for business purposes.

Date	Date

Signature/Title	Signature/Title