



eBiz BANKING FORM

DATE: _____

Company's Legal Name _____ Tax Identification Number _____

Company's Address: _____

City _____ State _____ Zip _____ Company Contact Phone Number _____

Application Type: Initial Application Modification of Existing User(s)

Add Remove BillPay**

Name of User (A) _____ Email Address _____ Office Phone _____ Cell Phone _____

Add Remove BillPay**

Name of User (B) _____ Email Address _____ Office Phone _____ Cell Phone _____

Add Remove BillPay**

Name of User (C) _____ Email Address _____ Office Phone _____ Cell Phone _____

Add Remove BillPay**

Name of User (D) _____ Email Address _____ Office Phone _____ Cell Phone _____

Account Number / Tax ID		View		Transfers (To/From)*	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	/	<input type="checkbox"/> User A <input type="checkbox"/> User B	<input type="checkbox"/> User C <input type="checkbox"/> User D	<input type="checkbox"/> User A <input type="checkbox"/> User B	<input type="checkbox"/> User C <input type="checkbox"/> User D
<input type="checkbox"/> Add <input type="checkbox"/> Remove	/	<input type="checkbox"/> User A <input type="checkbox"/> User B	<input type="checkbox"/> User C <input type="checkbox"/> User D	<input type="checkbox"/> User A <input type="checkbox"/> User B	<input type="checkbox"/> User C <input type="checkbox"/> User D
<input type="checkbox"/> Add <input type="checkbox"/> Remove	/	<input type="checkbox"/> User A <input type="checkbox"/> User B	<input type="checkbox"/> User C <input type="checkbox"/> User D	<input type="checkbox"/> User A <input type="checkbox"/> User B	<input type="checkbox"/> User C <input type="checkbox"/> User D
<input type="checkbox"/> Add <input type="checkbox"/> Remove	/	<input type="checkbox"/> User A <input type="checkbox"/> User B	<input type="checkbox"/> User C <input type="checkbox"/> User D	<input type="checkbox"/> User A <input type="checkbox"/> User B	<input type="checkbox"/> User C <input type="checkbox"/> User D
<input type="checkbox"/> Add <input type="checkbox"/> Remove	/	<input type="checkbox"/> User A <input type="checkbox"/> User B	<input type="checkbox"/> User C <input type="checkbox"/> User D	<input type="checkbox"/> User A <input type="checkbox"/> User B	<input type="checkbox"/> User C <input type="checkbox"/> User D
<input type="checkbox"/> Add <input type="checkbox"/> Remove	/	<input type="checkbox"/> User A <input type="checkbox"/> User B	<input type="checkbox"/> User C <input type="checkbox"/> User D	<input type="checkbox"/> User A <input type="checkbox"/> User B	<input type="checkbox"/> User C <input type="checkbox"/> User D

*Internal Transfers ** The User will have full access to any account approved in eBiz BillPay.

Authorized Signature _____

Authorized Signature (If two signatures required) _____

By: _____

By: _____

Printed Name: _____

Printed Name: _____

Bank Use Only:

Bank Employee Signature: _____

Printed Name: _____