

Online Banking Application

Commercial Accounts



Date: _____

E-mail Address: _____

Account Owner:

Accessible Accounts:

(Account Owning Entity)

(Tax ID Number)

(Address)

(City)

(State)

(Zip Code)

(Phone)

Authorized User

Capacity/Title

User Authorized for:

Account Inquiry

Bill Pay

Transfers

Stop Payments

Authorized User

Capacity/Title

User Authorized for:

Account Inquiry

Bill Pay

Transfers

Stop Payments

(Authorized Account Owner)

(Title)

Bring this application into our banking location, fax or mail it to:

Connections Bank
P.O. Box 380
Platte City, MO 64079
FAX: 816-858-2851

Before using Online Banking, users must first agree to the *Connections Bank Online Banking Service Agreement and Disclosure Statement* which is displayed when first logging-on to Online Banking.

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Date Received: _____

Received by: _____

Processed by: _____

User ID: _____

ID/Password Provided: _____