



Security Exchange Bank

# Cash Management & Business Internet Banking Enrollment Form

New       Change       Delete

Company Name: \_\_\_\_\_

Tax ID#: \_\_\_\_\_ Administrator's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Time Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Desired User Name: \_\_\_\_\_

Security Phrase: \_\_\_\_\_

*Your security phrase - can be a word, or question/answer of your choice. This phrase may be used as identity verification.*

### Account Information

Please list all accounts you would like to have access to via Cash Management and Business Internet Banking. You must be the owner or signer on the account to be granted access:

Account Type:  
(Checking, CD, Loan, etc.)

Account Number:  
 Add  Change  Delete

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please list any additional accounts on a separate sheet of paper.*

*Remember, never send personal or account information via email. Bank employees will never contact you with requests for your username or password.*

Authorization: I hereby authorize Security Exchange Bank to enroll me as an Administrator for Cash Management and Business Internet Banking. I have read and agree to the terms outlined in the Agreement and Electronic Funds Act Disclosure documents. I further acknowledge that I will be assigned a temporary password at the time the Cash Management and Business Internet Banking service is set up, that it is my responsibility to change that password upon my first login and to maintain my password in a secure manner so as to prohibit unauthorized access.

I certify that everything that has been stated in this application is correct. I authorize Security Exchange Bank to retain this application on file regardless of approval.

\_\_\_\_\_  
Authorized Signer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signer Signature

\_\_\_\_\_  
Date

**Please initial each page of the Agreement and Electronic Funds Disclosure pages to follow.**

For Internal Use Only:

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_ Processed By: \_\_\_\_\_ Date: \_\_\_\_\_