

CLIENT: _____

The First National Bank of Jeffersonville

Application for Online Business Banking

Company Name	
Address	
City, State, Zip	
Company Tax ID	
Contact Name	
Telephone Number	
E-mail Address	

Person assigned as the Senior Administrator for online banking: _____

(Please Print or Type)

*This person must be an authorized signer on all accounts held by the company. This person will be responsible for assigning other company employees as users and maintaining their access levels and/or permissions.

Authorized Signature: _____

Name: _____

Title: _____

Date: _____

If you are completing this form online, you must print it out and bring it to one of our ten branch locations. Once they verify the information and complete the form they will submit it to the Online Banking Administrator. You will be contacted by phone and/or e-mail and someone will assist you in accessing Online Business Banking for the first time.

The following information is to be completed by the Financial Institution	
Portfolio #	
Resp. Code of bank employee	
Temporary Access ID	
Temporary Password	
Access ID/PW Given on (Date)	
Responsibility Code	

PLEASE SUBMIT THE COMPLETED FORM TO KELLI SPARLING IN THE OPERATIONS BUILDING.