

BUSINESS EBANKING APPLICATION

Business Name / DBA		Business Phone	
Street Address		Website	
City Sta	te Zip		
Legal Entity Type		EIN	
Owner Full Name			
Admin Name (Business eBanking Administrator)		Admin Phone (C)	
Admin Account User ID		Backup Admin Name	
(Six (6) characters or more required. Not social security or tax number) Backup Admin Account User ID		(Business eBanking Administrator) Backup Admin Phone (C)	
(Six (6) characters or more required. Not social	al security or tax number)		
Business Account #	Business Account# _	Business Account #	
Business Account #	Business Loan#	Business Loan #	
Number of Users	Dual Control for Trans (RECOMMENDED)	Dual Control for Transactions ☐ Yes ☐ No (RECOMMENDED)	
Names of Approvers(2 or More)			
		lease contact a Treasury Management customerservice@mchenrysavings.com	
ACH*		eBanking Services	
☐ ACH Origination (Credit/Debit)**	☐ Remote Deposit**	□ Bill Pay	
MSB Business Mobile App ☐ Transaction Activity, Balances ☐ Dual Controls with Online Transa		☐ Transfers between Accounts	
Additional Services			
□ Domestic Wire – Outgoing**	☐ Positive Pay**	□ eStatements	
**May require an additional agreement and M Business Bank Statements are required.	cHenry Savings Bank underwriti	ng approval. Two years of Business Financial Statements and 2 months of	
eBanking Services using the accour service is offered subject to the term accept when I first log in and set up require a fee. I can inquire about the t some services will require additional	nt number(s) indicated her s and conditions of the Bu MSB's Business eBankin fee(s) at any time before o		
Owner Signature		Date	