



## BUSINESS INTERNET BANKING ENROLLMENT FORM

Complete sign and return this from. If you do not have the ability to print these documents, please contact us.

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### Business Information

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Business Name

Tax ID/SSN

Street Address

City

State

Zip

E-Mail Address

Primary Checking Account

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### Authorized Signers

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Please list below all individuals who are authorized signers on your accounts:

**Signature**

**Print Name**

**Social Security**

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### Customer Agreement

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By signing here:

- I am enrolling in "Business Internet Banking" as indicated on this enrollment form.
- I acknowledge receipt of First National Bank's Electronic Funds Transfer Agreement, Privacy Statement, Funds Availability and Deposit Account Agreement.
- I agree to comply with the "Business Internet Banking Agreement & Disclosure" and any other agreements governing the accounts and features used with this service.
- I acknowledge that the information, account relationships and authorized signers above meet the security requirements of my business.