



Business Authorization Sutter Community Bank *Connected* to **OnLine Banking**

Business Title of Account: _____

Type of Business: (Corp _____ Partnership _____ Sole Prop _____ Non-Profit _____)

TAX ID # _____ Phone: _____ Fax: _____

Business Web Site: _____ Business E-mail Address: _____

Name of Owner/Officer: (1) _____ Owner/Officer: (2) _____

Name of Owner/Officer: (3) _____ Owner/Officer: (4) _____

Add Bill Pay:

You can pay virtually anyone you would normally pay by check or automatic debit.

Account Associated with Bill Pay: Only one checking may be listed.

Account: _____

E-Statements:

You can view your safe and secure E-Statement online instead of receiving a paper statement in the mail, and it is available the next day.

Account Information: please connect the following accounts to my on-line banking.

Checking & Savings:

Certificate of Deposit:

Loans:

Account: _____

Account: _____

Account: _____

Account: _____

As the owner it is my responsibility to contact Sutter Community Bank if the employee has a change in their Level of Access or is no longer with the organization. I understand that Sutter Community Bank will enroll each employee only after they complete the User Enrollment Form. (attached)

*If the business is a corporation, partnership or limited liability company, this enrollment form must be signed by the officers, employees or other agents authorized by the business resolution on file with the bank. If business is a Sole Prop, the owner must sign this enrollment.

***Signature/Title** _____ **Date:** _____

Signature/Title _____ **Date:** _____

Signature/Title _____ **Date:** _____

Signature/Title _____ **Date:** _____



User Enrollment Form - Business Authorization Sutter Community Bank *Connected* to OnLine Banking

Employee: _____.

Allow the following access:

Account: _____	Access:	<input type="checkbox"/> Stop Payments
		<input type="checkbox"/> Bill Pay
		<input type="checkbox"/> Transfers
		<input type="checkbox"/> View account balances only
		<input type="checkbox"/> Wire Authorization <input type="checkbox"/> Initiate
		<input type="checkbox"/> Verify (can do both)

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Name: _____ **DOB:** _____ **SSN:** _____

Address: _____ **City,** _____ **State,** _____ **Zip,** _____

Username: _____ **Email:** _____ (Required for Bill Pay)

Phone: _____

By signing below I authorize Sutter Community Bank to issue me a temporary password. I recognize that I will then be prompted to view the online agreement and privacy policy put forth by Sutter Community Bank and must agree to those terms to be granted access to Sutter Connect (the Online Banking System).

User Signature _____ **Date:** _____

By signing below I authorize Sutter Community Bank to connect the above employee to the accounts through Online Banking. Additionally it is my responsibility to contact SCB if the employee has a change in their Level of Access or is no longer with the organization.

Officer/Owner Signature: _____ **Date:** _____

Bank Section:

Employee enrolling customer _____ Verified by: Signature Card _____ Personally Known _____ At account opening _____

Customer Username: _____ **Security Question:** _____ **Answer:** _____

Added to Sutter Connect by: _____ Date: _____ Verified by: _____ Date: _____