



Change in Terms & Authorization to Online Banking:

**All changes to Officer & Ownership must match signature card changes.

Business Authorization

Business Title of Account: _____

TAX ID # _____ Phone: _____

Business E-mail Address: _____

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

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

Bill Pay: Add Delete

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

Account Associated with Bill Pay:

Account: _____ Delete

Account: _____ Add

E-Statements: Add Stop

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 add the following accounts to my existing online account.

Checking & Savings:	Certificate of Deposit:	Loans:
Account: _____	_____	_____
Account: _____	_____	_____

Notes:

As the owner/officer it is my responsibility to supply Sutter Community Bank with accurate information as to the change in employee Level of Access or employment with the organization. I understand that Sutter Community Bank will make the following changes per my request.

*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:** _____



Change in Authorization of Business User

**All changes must match signature card changes.

Employee: _____ User Signature: _____

Allow the following access:

Add Delete

Account: _____	_____	_____	Stop Payments
	_____	_____	Bill Pay
	_____	_____	Transfers
	_____	_____	View account balances only
	_____	_____	Wire Authorization _____ Initiate
		_____	Verify (can do both)

Account: _____	_____	_____	Stop Payments
	_____	_____	Bill Pay
	_____	_____	Transfers
	_____	_____	View account balances only
	_____	_____	Wire Authorization _____ Initiate
		_____	Verify (can do both)

Account: _____	_____	_____	Stop Payments
	_____	_____	Bill Pay
	_____	_____	Transfers
	_____	_____	View account balances only
	_____	_____	Wire Authorization _____ Initiate
		_____	Verify (can do both)

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 Sutter Community Bank if the employee has a change in their Level of Access or is no longer with the organization.

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

Notes:

Effective Date of changes: _____

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: _____