



Change in Terms & Authorization to Online Banking:

**All changes must match signature card changes.

Personal Authorization

Name of Account: _____

TAX ID # _____ Phone: _____

E-mail Address: _____ * Required for bill pay.

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:

Effective Date of changes: _____

By signing below:

I authorize Sutter Community Bank to issue a temporary password.

I recognize that I will be prompted to read & accept the online agreement and privacy policy put forth by Sutter Community Bank and if I agree to those terms I will be granted access to Sutter Connect.

Signature _____ **Date:** _____

**Each person on the account is required to sign their own individual agreement.

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: _____