



Date: _____

Application for Business Online Banking

Business Information

Business Name: _____ EIN #: _____

Address: _____

Primary Contact: _____ Business Phone: _____

Requested Login ID: _____

Primary Contact Email: _____

Required for ALL Online Products and/or Services

Additional USERS to Business Online Banking

Additional Business Online Banking Users must be added by the primary user listed above. A \$2.50 monthly fee will be assessed for each additional user.

Access and rights for Business Online Banking Users will be managed by the primary user.

Add Additional Business Entities to the same Online Banking Profile

A \$5.00 Monthly fee will be assessed for each additional business entity.

Name: _____ EIN #: _____

Name: _____ EIN #: _____

Name: _____ EIN #: _____

After we receive this completed form, Itasca Bank & Trust Co. will activate your business online account. Information to access your account(s) will be sent to the above primary contact name and email address via Secure Email.

Signature Authorization

SIGNATURE: As an authorized agent of the company(s) listed above, I give authorization to Itasca Bank & Trust Co. to add additional entities to the primary business profile.

X _____
Signature Name Date

X _____
Signature Name Date

Bank Use Only

Log _____ Email _____ Confirm _____ Q2 _____ Print Mail _____ CSPI _____