

Date:				
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Business Online Banking Change Form

Business Information			
Business Name:			EIN #:
Address:			
Primary Contact:			Business Phone:
Primary Contact Ema	il:	oducts and/or Services	
	Required for ALL Online Pro	oducts and/or Services	
USER Management:			
Additional Busines be assessed for each	_	ast be added by the primary user list	ed above. A \$2.50 monthly fee will
		Users must be managed by the pring take up to 30 days from the time t	nary user listed above. Adjustments he user is deleted.
Access and rights to	Business Online Banking	Users will be managed by the prim	ary user.
Add Additional Busines	ss Entities to the same Bus	iness Online Banking Profile:	
A \$5.00 monthly fe	e will be assessed for each	additional business entity added.	
Name:			EIN #:
Name:			EIN #:
Name:			EIN #:
ACCESS Maintenance	Request to add EFTPS t	ax payments, Secondary Bill Pay or Change	Primary Bill Pay
Add EFTPS		☐ Change Primary Bill Pay Acct to	<u></u>
		Acct#	
CLOSE Request:	equest to close Business Online B	anking, close Bill Pay or Stop E-statements	
CLOSE Online Ba	unking	STOP E-statements (convert to paper)	Close Bill Pay
Login ID:		Acct #	Acct #
Change Authorization	Form must be signed by an authori	zed person(s) as reflected on the current Busine	ss Resolution on file at Itasca Bank &Trust Co.
Signature Authorization	<u>n</u>		
X		ame and Title D	Date
		ame ana Titte D	ate
Signature	No.	ame and Title D	date
Bank Use Only			
Log	Email Conj	irm ACI	Print Mail CSPI

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