



Commercial OLB Change Authorization Form

Business Name: _____ Tax ID: _____

Address: _____

USER Requesting the Change:

USER's Full Name: _____ Login ID: _____

User's Email: _____

ACCOUNT Maintenance: Add or Delete an Account to your Business Online Banking (additional entry available on back/page 2)

Account Name: _____

Account Number: _____ Account EIN: _____

**NOTE: If the EIN number for the new account requested is different than the current accounts on your online banking account, A new ACH Origination Agreement is necessary prior to the addition of this account.

Add Delete Note: additional \$5.00 monthly fee for each entity (different EIN #) added.

INCREASE LIMIT Request: Request to increase limits for Online ACH activity

Requested NEW Limit: \$ _____ Permanent One Time Increase/Settlement Date _____ Current Limit: _____

New Limit request for:

- Payroll ACH Payments EFTPS Tax Payment Domestic Wire Transfer
Collections ACH Receipts ACH Pass-Thru International Wire Transfer

ADD FUNCTION Request: Request to ADD access to specific ACH function and request limit

Payroll ACH Payments EFTPS Tax Payment Domestic Wire Transfer

Requested Limit: \$ \$ \$ \$

Collections ACH Receipts ACH Pass-Thru International Wire Transfer

Requested Limit: \$ \$ \$ \$

**NOTE: A completed Wire Agreement is required to access Domestic or International Wire Transfers

E-statement Request: Request to Add/Change/Remove E-statements (additional entry available on back/page 2)

Add Change Remove Date Opened: _____

Account Name: _____ Account #: _____

Login ID: _____ Email: _____

TERMINATION Request: Request to terminate ACH Origination Agreement / Close Cash Mgmt Account

Termination Date: _____

Change Authorization Form must be signed by an authorized person(s) as reflected by the current Business Resolution on file at Itasca Bank & Trust Co.

SIGNATURE(S)

Name Signature Date

Name Signature Date

Bank Use Only

Log Email Confirm Q2 Print Mail CSPI