

Cash Management Change Authorization Form

Business Name: _____ Tax ID: _____

Address: _____

USER Maintenance: Add, change or delete a user (additional User Maintenance available on back/page 2)

USER's Full Name: _____ **Login ID:** _____

User's Email: _____ User Administrator

Add Change Delete *Note: Cash Management allows 4 users at no additional charge, if greater than 4 there is an additional \$2.50 per user per month*

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 Child Support Payment 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 Child Support Payment International Wire Transfer

Requested Limit: \$ _____ \$ _____ \$ _____ \$ _____

Bill Payment Send File

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

Requested Limit: \$ _____ \$ _____

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 X _____
Signature _____ Date

Name X _____
Signature _____ Date

Bank Use Only

Received by Dept. Itasca Roselle Mail In Person Fax Email CustServ Loans Tellers

Date Received: _____ **By:** _____ **Request Taken By:** _____ **Date:** _____

Date Signer Info Verified: _____ **By:** _____ Change statement to: Image **CSPI** _____

Approved: Yes No **By:** _____ **Date:** _____ **Charge:** 5 10 **Date opened:** _____

USER

USER Maintenance: *Add, change or delete a user*
USER's Full Name: _____ Login ID: _____
User's Email: _____ User Administrator
 Add Change Delete

USER Maintenance: *Add, change or delete a user*
USER's Full Name: _____ Login ID: _____
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ACCOUNT

ACCOUNT Maintenance: *Add or Delete an Account to your Business Online Banking*
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

ACCOUNT Maintenance: *Add or Delete an Account to your Business Online Banking*
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

E-STATEMENTS

E-statement Request: *Request to Add/Change/Remove E-statements*
 Add Change Remove Date Opened: _____
Account Name: _____ Account #: _____
Login ID: _____ Email: _____

E-statement Request: *Request to Add/Change/Remove E-statements*
 Add Change Remove Date Opened: _____
Account Name: _____ Account #: _____
Login ID: _____ Email: _____

Bank Use Only

Log _____ Email _____ Confirm _____ ACI _____ Print Mail _____ CSPI _____

<input type="checkbox"/> Portal Completed By: _____ Date: _____ Charge Plan: _____	<input type="checkbox"/> Additional Information, Addendas Completed By: _____ Date: _____ Port # _____ Tax ID # _____
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