

BUSINESS ONLINE BANKING ADDENDUM: ADMINISTRATOR CHANGES AND ONLINE ACCOUNT ACCESS

Parent Company Name	CIF #		
Company Name	CIF #		
Address (PO Box not acceptable)			
City	State	Zip Code	Business Tax ID Number
Does this Parent Company profile currently have online wire access? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please note: If YES and full access to online services is selected (which includes Internal transfer and/or Bill Pay) then all added account(s) under the Parent Company will have the same Full Access permissions.			

Changes (s) in Parent Company Administrator(s) (if applicable)

Removal of Administrator(s) _____ and _____ (if applicable)

Appointment of an Administrator(s) (if applicable) – REQUIRED AUTHORIZATION

The assigned Administrator may use the Bus. OB Service platform on the Company’s behalf and as an authorized signatory as set forth in a **Banking Transactions Authorization & General Resolution form** [i.e., LGL-325 (07/15)]. He/She has Company authorization: (A) to appoint additional Users (or Authorized Persons), and (B) maintain access and transactional rights, including over third-party accounts linked by an Administrator. By adding this Administrator and providing Account access, you agree the Company remains responsible for all transfers or payments made from the Company’s Account, even if the Administrator exceeds authorization, and for any issues that arise with respect to your Account and/or information contained in your Account.

Name	CIF #	Phone #	Email
Name	CIF #	Phone #	Email

Change Accounts to Access through Business Online Banking (if applicable)

List Accounts to access through Business Online Banking. Check the box(es) to identify Access desired for each account.

Account #	Account Title	CIF #	Add	Delete	View Only	Full Access: Including Internal Transfers, and Bill Pay

CONFIRMED AND AGREED: Individually, and for Company:

X

 Signature Name (Please Print) Title Date

For Bank Use Only:

I confirm the Company resolution and signature cards are complete, permit the requested change by the individual signing above.

Management Authorization:

 Signature Name/Title (Please Print) Date Branch/Department