

# Community State Bank



## Account Maintenance Request Form

### Complete, Comprehensive, Cash Management

If you require a change to be made to your eBusiness Banking Account, such as adding or removing accounts, please provide the requested information below.

\*Indicates a required field

\*Business Name:

\*Tax ID Number:

\*Account Administrator:

\*Contact Phone:

\*Contact Fax:

\*Email Address:

List the accounts you would like changed in eBusiness Banking.

**Account Numbers**

**Account Type**

**Add/Delete Account**

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**Administrator Signature** (must be an authorized signer on these accounts)

**Title**

### Submitting this Form

**Mail** or **deliver** your completed form to: eBusiness Banking Administrator, Community State Bank, 1500 Main Street, Union Grove, WI 53182. Or **FAX** your completed form to: eBusiness Banking Administrator, Community State Bank, 262.878.3009.

**NOTE:** Upon receiving this form, an eBusiness Banking specialist will contact you to complete the process.