



**Business Online Banking
Change Request Form**

Getting Started

If you would like to request a change or add additional services like Mobile Deposit to your Business Online Banking Account(s) please provide the required information below.

PLEASE NOTE: To access Mobile Deposit from the CSB SIMPLE Banking for Business App you must already be enrolled in CSB Business Online Banking.

Information About Your Business

Business Name:				Tax ID #	
Contact Name:		Phone:		FAX:	
Email:					

Requested Account Changes

Account #	Account Type	Add or Delete Account	Add Mobile Deposit
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Mobile Deposit User Access: Please indicate which user(s) you would like to have access to Mobile Deposit.

Name (First & Last):			
Email:		Phone:	

Mobile Deposit: Please indicate which Checking or Savings account(s) this user may access for Mobile Deposit.

Account #	Mobile Deposit (Yes / No)
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Mobile Deposit User Access: Please indicate which user(s) you would like to have access to Mobile Deposit.

Name (First & Last):			
Email:		Phone:	

Mobile Deposit: Please indicate which Checking or Savings account(s) this user may access for Mobile Deposit.

Account #	Mobile Deposit (Yes / No)
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature (must be an authorized signer on all accounts)

Title

Date

SUBMITTING THIS CHANGE REQUEST: Scan and Email, Fax, Mail or Deliver your completed form to Community State Bank:
Email: ebanking@communitystatebank.net | FAX: (262) 878-3009 | Community State Bank, 1500 Main St., Union Grove, WI 53182.

