



Business Online Banking Enrollment Application

Getting Started

To get started using Business Online Banking from Community State Bank, please take a moment to complete this Enrollment Application. For your security we require the following information:

Information About Your Business

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

Account Information: Please list which account(s) you wish to have access through Business Online Banking

Account #	Account Type	Account Nickname	Internal Transfers (Yes / No)	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
			<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

Primary User Access: Who would you like to have access to Business Online Banking?

Name (First & Last):			
Email:		Phone:	

Account Access: Which accounts would you like this user to be able to access?

Account #	Internal Transfers (Yes / No)	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
	<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

Secondary User Access

Name (First & Last):			
Email:		Phone:	

Account Access: Which accounts would you like this user to be able to access?

Account #	Internal Transfers (Yes / No)	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
	<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 APPLICATION: 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.

