

Online Banking Commerical Cash Management Application

Date _____

Company Name _____
Company Contact _____
Address _____
City, State, Zip _____
Business Phone _____ Fax _____
Tax ID Number _____
E-mail Address _____

The following section allows you to identify the accounts to which you desire access through the Internet. Please supply the type of account and the account number. Federal Regulations allow only six (6) transfers or withdrawals per month from savings accounts.

Accounts to add to Online Banking

Account # _____	Account Type _____	Product Name _____
Account # _____	Account Type _____	Product Name _____
Account # _____	Account Type _____	Product Name _____
Account # _____	Account Type _____	Product Name _____
Account # _____	Account Type _____	Product Name _____
Account # _____	Account Type _____	Product Name _____
Account # _____	Account Type _____	Product Name _____

Customers Signature _____

****User Applications for authorized individuals are attached.****

Optional Bill Pay: **Enroll in Bill Pay --** Yes _____ No _____

Account number from which bills will be paid: _____

In addition to the account access I have indicated above, I would also like First Freedom Bank to provide Bill Pay. I authorize First Freedom Bank to debit my account for any payments I direct to be made through the Bill Payment Service. I agree to pay a monthly fee of \$6.00 per month up to 15 transactions and \$0.45 per transaction after 15 within a month, unless the account is a Business Net Checking Account.

_____ Authorized Signature	_____ Date
--------------------------------------	----------------------

Bank Use Only:

Date Received _____ Employee Signature _____

Date Setup in OLB _____ Setup By: _____

OLB Commercial Account Individual User Authorization Form

Date _____ Existing User _____ YES _____ NO USER ID _____
(if yes)

Name of Individual User _____
Company Name _____
Address _____
City, State, Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ Fax _____
SSN Number _____
Date of Birth _____
Mothers Maiden Name _____
E-Mail Address _____

Requested User ID _____
(must be at least 6 characters)

Accounts to have access to on behalf of the business:

Account # _____	Acct Type _____	Product Name _____
Account # _____	Acct Type _____	Product Name _____
Account # _____	Acct Type _____	Product Name _____
Account # _____	Acct Type _____	Product Name _____
Account # _____	Acct Type _____	Product Name _____
Account # _____	Acct Type _____	Product Name _____
Account # _____	Acct Type _____	Product Name _____

Individual Users Signature _____ **Date** _____

Approved by:(Must be signed by someone within the company that has the authority to appoint users to conduct transactions on behalf of the business.)

Authorized Signature _____ **Date** _____

Bank Use Only:

Date Received _____ Employee Signature _____

Date Setup in OLB _____ Setup By: _____