

Online Business Banking Small Business Enrollment Form

Customer Informati							
Business Na	me:						
Owner:							
Address:							
City:			State:		Zip:		
Phone:			Email:				
Tax ID / EIN	l #:						
Requested	l Services:						
Small be free of	usiness Banking usinesses can access accou charge. usiness with Bill Pay ine Bill Pay for just \$5.95						
Account Information:							
to.	u are enrolling jointly, bot					request access	
Account Number			,	Account Description* (Checking / Savings)			
1							
2							
3							
4							
5							
6							
7							
8							

Please Note: You must be an authorized signer on each of the accounts you request access to	Please Note:	You must be an authorized	signer on each o	f the accounts v	you request access to.
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	Signature of Business Owner	Date

Please print this form, sign it, and mail it to us at:

Union Bank
Attention: Online Banking Department
PO Box 488
Lake Odessa, MI 48849

We will notify you by U.S. mail when we have activated this service(s). We will assign a Login ID for you and a temporary password. The first time you log on to our Online Banking Service you will be prompted to select a new password. We encourage you to select a password that is not associated with any commonly known personal identification, such as names of children, address, and date of birth. We require that you select a password that contains both letters and numbers and uses upper and lower case letters. You should not share your password. These additional precautions will help safeguard the integrity of the Online Banking Service. If you need additional users/ employees for individual access, you must enroll in Cash Management.