



ONLINE BUSINESS BANKING
CASH MANAGEMENT ENROLLMENT FORM

www.ubmich.com

Customer Information

Company Name: _____ Tax Identification #: _____
Address: _____ Primary Checking _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ E-mail: _____
Authorized Signer: _____ Title: _____

Options

ACH Credits or Payroll Direct Deposit (credit) Maximum Daily Dollar Limit \$ _____
 ACH Receipts (Debits) Maximum Daily Dollar Limit \$ _____
 Tax Payments Maximum Daily Dollar Limit \$ _____
 Wire Transfers Maximum Daily Dollar Limit \$ _____

Supervisor User Information

Name: _____ Social Security #: _____
Address: _____ E-mail: _____
City: _____ State: _____ Zip: _____ Phone: _____

Additional Supervisor User Information

Name: _____ Social Security #: _____
Address: _____ E-mail: _____
City: _____ State: _____ Zip: _____ Phone: _____

Additional Users

Name: _____ Name: _____
Social Security #: _____ Social Security #: _____
Email: _____ Email: _____
Name: _____ Name: _____
Social Security #: _____ Social Security #: _____
Email: _____ Email: _____

Account Information

Account Number	Type of Account (Checking/Savings/etc.)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Due to the risk involved with initiating transactions through Cash Management. Union Bank strongly encourages the following minimum requirements for your pc that will be accessing the system:

- Access Controls - strong passwords that are changed at least every 60 days, workstation lock after 10 minutes of inactivity, built in guest user should be disabled.
- All Internet access (including any wireless devices secured by an up to date and fully patched firewall
- Fully patched and up to date workstation and server operating systems
- Up to date anti-virus and malware software on all workstations and server

By signing below, I hereby authorize Union Bank to issue a temporary password for my account, which must be changed upon first entry into the system.

I certify that everything I have stated in this application and on any attachments is correct. Union Bank may keep this application whether or not it is approved. By submitting this form, Union Bank is authorized to check my credit and employment history, to have a consumer credit report prepared on me for the purpose of evaluating this application for credit, and to answer questions others may ask you about my credit record with you. I understand I must update this credit information at your request and if my financial condition changes.

Authorized Signer: _____ Date: _____

Authorized Signer: _____ Date: _____

Signature Verification (Required)

Employee: _____ Date Verified: _____

System Setup Complete

Employee: _____ Date: _____

Loan Officer Approval (Required)

Approved Denied
 Officer: _____ Date: _____

May draw off lines of credit
 For loans / line of credit you must have authority with the loan department to make draws