Print Form

Reset Form

Electronic Business Banking Application

To become an authorized user of Albank's Electronic Business Banking System: Please complete, sign and return this application to any of our convenient locations. Your Electronic Business Banking account information will be emailed to you when your account has been established on the system.

Company Name: _____ **EIN**: _____

Business Address: _____ **Phone Number**: _____

EB Applicant must be an authorized signer on all company accounts. The applicant assumes the role of Administrator for the company's Electronic Banking account, including adding users and assigning user rights and limits.

EB Applicant Name: _____ **SSN**: _____

EB Applicant's Email Address (Required): _____ **Cell Number**: _____

EB Applicant's Home Address: _____

Please provide the following information for security purposes:

Mother's Maiden Name: _____ **Birth Date**: _____ **Birth Place**: _____

Additional fees apply to some services*

☐ New Application

☐ Add New User to Existing Client

☐ Add Internal Transfer

☐ Add Online Bill Pay

☐ **ACH Origination***

☐ **Positive Pay***

☐ **Electronic Check Deposit Service***

☐ **Wire Transfer***

Additional Notes: _____

Checking Accounts	**Savings Accounts**	**Other Accounts**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have read and agree to all terms and conditions of the Electronic Business Banking Services Disclosure Agreement. I authorize Albank NA to make my account information available through the Electronic Business Banking System. If at any time I decide to discontinue this service, I will provide written notice to Albank NA.

Authorized Signature: _____ **Date**: _____

For Office Use Only

Approving Officer Signature: _____ **Date**: _____

Approve for Wire Transfers: ☐ Yes ☐ No Comments: _____

Client Name: _____ Username: _____

Date Created: _____ Created By: _____