



BUSINESS ONLINE ENROLLMENT FORM

General Company Information

Company Name _____
 Address _____
 City, State, Zip _____
 Primary Contact _____
 Contact Phone Number _____
 Business Tax ID Number XX-XXX _____ (last four digits)
 Primary Contact Email Address _____
 Fax Number _____

Access (check all that apply)

Bill Pay

Bill Pay is an electronic payment service that allows you to set up a secure online account to make one-time or recurring bill payments.

ACH/Cash Management

ACH/Cash Management is an electronic payments system that offers business customers the ability to electronically debit and credit a checking or savings account. Most commonly used for direct deposit payroll. Fees apply.

Merchant Capture

Merchant Capture is a program developed to capture and submit checks electronically right from your business. Hardware and software are required. Fees apply.

Electronic Statements

Go green with paperless statements. You will have access to all your River Bank statements through our online banking platform.

Account Number(s)	Account Number(s)	Account Number(s)	Account Number(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Primary User Information

Employee _____
 Preferred Access Code (User Name) _____ (must be 6 characters long)
 Contact Phone Number _____
 Email Address _____

Access (check all that apply)

Statements Bill Pay ACH/Cash Management Stop Payments
 Check Images Transfers Merchant Capture Mobility

Account Access

_____	_____	_____
_____	_____	_____
_____	_____	_____



Secondary User Information

Employee _____
Preferred Access Code (User Name) _____ (must be 6 characters long)
Contact Phone Number _____
Email Address _____

Access: (check all that apply)

Statements Bill Pay ACH/Cash Management Stop Payments
 Check Images Transfers Merchant Capture Mobility

Account Access

Important: It is the responsibility of the Business/Owner to maintain User access to the above online account(s). Changes to users can be maintained by you or you may notify us by using the Online Banking Secure Mail.

Print Name	Signature
Title	Date

Please allow 5 to 7 business days after we receive this signed form for processing your enrollment. For your security, the bank will contact you to verify your enrollment.

Once you have completed and signed this form, please return it to River Bank Operations

Email by Secure Mail to help@riverbank.biz
Fax 608-457-2104
Mail to River Bank, PO Box 280, Stoddard, WI, 54658
Any questions contact Operations at 608-457-3500

This section should be completed by River Bank only.

Completed by _____ Date _____
Date Customer Contacted _____