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.

____ Electronic Statements

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

Other Services:

_____ ACH Origination (Fees Apply)

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.

_____ Merchant Capture (Fees Apply)

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

Account Numbers:	**Account Numbers:**	**Account Numbers:**	**Account Numbers:**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Primary User Information

Employee: _____
Preferred Access Code (User Name): _____ (must be 9 characters long)
Contact Phone Number: _____
Email Address: _____

Access: (check all that apply)

____ Statements	_____ Bill Pay	_____ Stop Payments	_____ACH Origination
____ Check Images	_____ Transfers	_____ Mobility	_____Merchant Capture

Access: (list account numbers)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Secondary User Information

Employee: _____

Preferred Access Code (User Name): _____ (must be 9 characters long) Contact Phone Number: _____

Email Address: _____

Access: (check all that apply)

____ Statements	_____ Bill Pay	_____ Stop Payments	_____ACH Origination
____ Check Images	_____ Transfers	_____Mobility	_____Merchant Capture

Access: (list account numbers)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: 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: _____