



On-Line Banking Department Only		New Change
Keyed _____ / /		
Verified _____ / /		

**BUSINESS ON-LINE BANKING – VIEW ONLY USER ENROLLMENT FORM (3)**

For help completing this form, please contact the On-Line Banking Department at (717) 896-5399

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client Number (Tax ID): \_\_\_\_\_

User Name: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Employee Group:  View Only User

User E-Mail Address: \_\_\_\_\_

User Business Phone: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_

User Log In ID (Usercode): \_\_\_\_\_ (Min: 5 characters; Max: 16 characters)

**\*\*Your temporary password will be mailed upon the completion of the set-up\*\***

Security Questions (Required): \_\_\_\_\_

Security Answer (Required): \_\_\_\_\_

**User's Access Times:**

Access  24/7  M-F \_\_\_\_\_ AM to \_\_\_\_\_ AM / PM  Other \_\_\_\_\_

**USER ACCOUNT ACCESS**

List all accounts and check the desired online access for the above View Only User.

Account Number	Exports Quicken/Quickbooks	View Statements	View Images	View Stop Payments

**Resolution Included (Must include a copy of most recent resolution.)** The undersigned is authorized by the company to enter into this agreement and agrees to be abide by the Bank's On-Line Access Agreement as well as applicable Mobile Banking Terms and Conditions as in effect at any given time. Agreements will be emailed at time enrollment is processed. Upon first log in, each user agrees to all terms and conditions of such agreements.

\_\_\_\_\_  
Authorized Signature 1 (Per Resolution)                      Printed Name                      Date

\_\_\_\_\_  
Authorized Signature 2 (Per Resolution)                      Printed Name                      Date

\_\_\_\_\_  
Authorized Signature 3 (Per Resolution)                      Printed Name                      Date

Return completed forms to: Mid Penn Bank, Operations Center – OLB, 894 North River Road, Halifax PA 17032