



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

**ON-LINE BANKING – SMALL BIZ  
BILL PAY ENROLLMENT FORM (3)**

**CUSTOMER INFORMATION**

**COMPANY ID:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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

Enroll in Business Bill Pay  Yes  No \$5.75/month up to 15 bill pays/month, then \$0.50 per bill.

Primary Bill Pay Account Number for Bill Payments and Fees: \_\_\_\_\_

Bill Payment Accounts (List checking/money market accounts only):


**EMPLOYEE (USER) INFORMATION**

*\*The following employees should be granted bill payment access from the above accounts (One Senior Administrator of each company has bill payment access by default):*

**\*SENIOR ADMINS Name:** \_\_\_\_\_

OLB User ID: \_\_\_\_\_

Security Question: What was the name of your favorite teacher or childhood friend?

Security Answer (required): \_\_\_\_\_

Name: \_\_\_\_\_ OLB User ID: \_\_\_\_\_

Security Question: What was the name of your favorite teacher or childhood friend?

Security Answer (required): \_\_\_\_\_

Name: \_\_\_\_\_ OLB User ID: \_\_\_\_\_

Security Question: What was the name of your favorite teacher or childhood friend?

Security Answer (required): \_\_\_\_\_

Name: \_\_\_\_\_ OLB User ID: \_\_\_\_\_

Security Question: What was the name of your favorite teacher or childhood friend?

Security Answer (required): \_\_\_\_\_

**AUTHORIZED SIGNATURE(S)**

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

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

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