

**United Mississippi Bank
Business Online Banking Application**

Company Name: _____ CIF _____
 DBA Name (If Applicable) _____
 Street Address _____ Suite/Floor _____
 City _____ State _____ Zip _____
 Business Owner (s) (Printed) _____
 Primary Contact: _____ Email _____
 Tax ID _____ Phone (____) _____ Extension _____
 *Billing Account (if applicable) _____ * Business Bill Pay – first 2 months Free, thereafter \$5.00 monthly for unlimited payments

<i>For Bank Use Only</i>
Application Taken By:
Branch: _____
Employee: _____
Date: ___/___/___ CIF# _____
NetTeller ID: _____
Entered ___/___/___ by _____
Verified ___/___/___ by _____

USERS (Please photocopy for additional users)

At least one Administrative User for Online banking Services should be specified below. An Administrative User will have full rights for online banking services as well as the administration of company's online banking users. All user fields below are **required** fields. ****IMPORTANT:** When Admin, Bill Pay and/or Transfer authority is granted to a User, the access will apply to ALL accounts designated for the User in the chart below.)

User (1) Name _____ Date of Birth _____ Soc. Sec.# _____
 Username _____ Temporary Password _____
 Admin User Level? ** Yes (___) No (___) Transfer Authority? ** Yes (___) No (___)
 Bill Pay Access? ** Yes (___) No (___)

User (2) Name _____ Date of Birth _____ Soc. Sec.# _____
 Username _____ Temporary Password _____
 Admin User Level? ** Yes (___) No (___) Transfer Authority? ** Yes (___) No (___)
 Bill Pay Access? ** Yes (___) No (___)

User (3) Name _____ Date of Birth _____ Soc. Sec.# _____
 Username _____ Temporary Password _____
 Admin User Level? ** Yes (___) No (___) Transfer Authority? ** Yes (___) No (___)
 Bill Pay Access? ** Yes (___) No (___)

ACCOUNTS DESIGNATED FOR ONLINE ACCESS

User # Viewing Privileges	Account Number	Account Type (CK, SV, Loan, etc.)	Account Title

I warrant and represent that I am an owner of the accounts listed above and authorize United Mississippi Bank to activate these accounts as specified above for each designated company user. I agree to be bound by the terms and conditions of the Online Banking agreement which must be read and accepted upon initial access to the service. The undersigned hereby releases United Mississippi Bank from any and all liability which may result. Once submitted, this application becomes bank property.

Company Owner Name
 (Please Print)

Company Owner Signature

Date