



Enhanced Business Internet Banking

Application Service Requested (Select all that apply)

- Internet Banking
- Cash Management
 - Bill Pay
 - Payroll
 - ACH Payments
 - Tax Payments
 - Wires

Account Holder Information:

_____ Company Name	_____ Tax ID
_____ Street Address	_____ City State Zip
_____ Contact Name	_____ Title
_____ Business Phone	_____ Email Address

Accounts Designated for Internet Access

Write the account number of each account you wish to access through the Internet Banking System. You may also add a descriptive name for your use (i.e., Operating, Payroll, money Market)

_____ Account Number	_____ Description	_____ Type
_____ Account Number	_____ Description	_____ Type
_____ Account Number	_____ Description	_____ Type
_____ Account Number	_____ Description	_____ Type
_____ Account Number	_____ Description	_____ Type

Internet Banking – System Administrator

Designate a System Administrator who will be given full access to all accounts listed above. The System Administrator will have full administrative rights and will designate the level of access to be given to each user. You may assign the administrative rights to more than one user.

_____	_____
System Administrator	SSN
_____	_____
System Administrator	SSN

Internet Banking System Users

List all persons who will be given access to the Internet Banking System. Your System Administrator(s) will assign each user the appropriate level of access.

_____	_____
User Name	SSN
_____	_____
User Name	SSN
_____	_____
User Name	SSN
_____	_____
User Name	SSN
_____	_____
User Name	SSN

Service Agreement

By signing below: (1) I/We will be bound by the terms and conditions of First State Bank & Trust Company’s Depository Agreement which First State Bank & Trust Company may amend from time to time. (2) I/We understand that the passwords issued can be used to withdraw funds from the account(s) and that I/We must safeguard all passwords. I/We authorize First State Bank & Trust Company and its agents to follow any instructions transmitted by use of these passwords, and agree to be bound thereby. (3) I/We authorize First State Bank & Trust Company to disclose information about any of my First State Bank & Trust Company accounts to third parties (including payees) in order to complete transactions using Internet Banking. I/We also authorize my Payees to disclose to First State Bank & Trust Company and /or its agents information regarding my account(s) with such Payees in order to complete transactions using Internet Banking, including resolving questions regarding such transactions.

_____	_____
Account Holder or Authorized Signer	Date
_____	_____
Account Holder or Authorized Signer	Date

I/We, by signature above, certify that everything that has been stated in this application and on any attachments is correct. First State Bank & Trust Company is authorized to retain this application whether or not it's approved. By completing and submitting this form, I/We accept the terms and agreements outlined in the Electronic Fund Transfer Act Disclosure. I/We understand that a User ID and Temporary Password will be issued to me /us within 48 hours of receipt of application. I/We must change the temporary password(s) to private password(s) the first time I/We log onto the Internet Banking System.

I/We agree to allow First State Bank & Trust Company to assess charges monthly to Account # _____ for the use Cash Management Online Banking.

Account Holder or Authorized Signer

Date