



# Ozaukee Bank N.A. Business Banking Online

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

Tax I.D. Number \_\_\_\_\_

Street Address (No P.O. Boxes please) \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Please designate a system administrator who will be given full access to all accounts listed below. The system administrator will have full administrative rights and will designate what level of access will be given to each user.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Please list the deposit and loan accounts you wish to access using Business Banking Online.

\_\_\_\_\_  
\_\_\_\_\_

Business Banking Online: \$ 9.75/month

Business Banking Online w/ACH Collection/Payment: 18.25/month

Per ACH Item .17

Business Banking Online File Upload w/ACH Collection/Payment: 24.75/month

Per File Upload 5.00

Per ACH Item .17

Additional Charges (may apply) Per Account over 3 1.50/month

Account # to be charged:  
\_\_\_\_\_

ACH Limit \$ \_\_\_\_\_

ACH Limit \$ \_\_\_\_\_

## SERVICE AGREEMENT

By signing below:

1. I/We will be bound by the terms and conditions of Ozaukee Bank N.A.'s Depository Agreement which Ozaukee Bank N.A. 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 Ozaukee Bank N.A. and its agents to follow any instructions transmitted by use of these passwords, and agree to be bound thereby.
3. I/We authorize Ozaukee Bank N.A. to disclose information about any of my financial institution account to third parties in order to complete transactions using Business Banking Online.

I/We certify that everything stated in this application and on any attachments is correct. Ozaukee Bank N.A. is authorized to retain this application whether or not it is 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 temporary password will be assigned and must be changed to a private password the first time I/we log on to Business Banking Online.

Authorized Signer \_\_\_\_\_

Date \_\_\_\_\_

Authorized Signer \_\_\_\_\_

Date \_\_\_\_\_

FOR BANK USE:

CIS Number: \_\_\_\_\_

Acct. Manager: \_\_\_\_\_

MAIL TO: Ozaukee Bank N.A., Attn: Deposit Services, P.O. Box 3, Cedarburg, WI 53012