



First Commercial Bank (USA)

Online Commercial Cash Management Enrollment Form

To enroll in Online Cash Management, simply print the form, fill it out, sign it and return to your branch of account.

Company Name: _____	Desired Company ID: _____
Company TIN: _____	Company Phone Number: _____
Ownership: <input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation
<input type="checkbox"/> LLC	<input type="checkbox"/> Other _____
<input type="checkbox"/> Partnership	

Designate a Company Administrator and list the contact information below:	
The Company Administrator is responsible for adding/maintaining the company users. Refer to Online Commercial Cash Management Service Agreement.	
Name of Contact (Administrator): _____	Title: _____
Email Address: _____	Telephone No: _____ Ext: _____

Accounts:
List all accounts you wish to enable for Online Cash Management Services
<input type="checkbox"/> View all accounts
<input type="checkbox"/> Specify account number(s) to be enabled for Online Cash Management Services

Online Cash Management Features	
Please refer to Online Cash Management Fee Schedule	
<input type="checkbox"/> Basic Feature <input type="checkbox"/> Balance Reporting <input type="checkbox"/> Book Transfer	<input type="checkbox"/> Advanced Feature (Addendum Application Required) <input type="checkbox"/> Wire Transfer/ Daily Request Limit: \$ _____ <input type="checkbox"/> Bill Payment (Company Administrator must be account signer) <input type="checkbox"/> ACH Origination (Company Administrator must be account signer)

Agreement, By signing below, the above-named company confirms that it has received a copy of this First Commercial Bank (USA)'s Electronic Service Agreement, Online Commercial Cash Management Service Agreement and Disclosures and agrees to be bound by its terms.

Date : _____

By: _____	By: _____
Print Name Signature	Print Name Signature

By: _____	By: _____
Print Name Signature	Print Name Signature

Required Signers:

- CORPORATION /LLC – Unless otherwise designated by resolution, must provide two signatures as follows: the Chairman or President AND the secretary, Chief Financial Officer or Treasurer.
- PARTNERSHIP – All general partners
- SOLE PROPRIETOR – The owner
- LIMITED LIABILITY CO – Unless otherwise provided in the articles, all managers or (if none) any member
- TRUST – All trustees

Branch Use Only			
<input type="checkbox"/> Application Approved	<input type="checkbox"/> Application Denied	By: _____	Date: _____
Operations Administration Use Only			
<input type="checkbox"/> Service Setup	<input type="checkbox"/> A/C Enabled	By: _____	Date: _____