

# Steuben Trust Company - Business eBanking

## EBANKING ENROLLMENT

Name of Business		Tax ID#	
Street Address			
City		State	Zip
Primary Account To Be Charged For Services			

## ADMINISTRATOR FOR COMPANY/ADDITIONAL USERS

Administrator		Phone	
Requested Login ID	Email		
Requested Login ID #2 (To be used if 1st request is not available)			

## ADDITIONAL USERS

Name		Requested Login	
Address		Requested Login 2	
Email		Phone	
Name		Requested Login	
Address		Requested Login 2	
Email		Phone	

## REQUESTED SERVICE PACKAGES - Please refer to Cash Management Fee Schedule for pricing of these services

<input type="checkbox"/> <b>SILVER</b>  Includes <b>View Balance and History</b> <b>View Accounts from Multiple Business Entities,</b> <b>View Statements</b> <b>View Checks</b> <b>Transfers</b> <b>Submit Change of Address or Stop Payment</b> <b>Bill Pay</b>
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<input type="checkbox"/> <b>GOLD - \$25 One Time Setup Fee</b>  Includes all features of the Silver Package plus Optional Services Requested Below: <i>Any Optional Service below requires additional agreements and approval by Steuben Trust Company</i>					
<table border="0"> <tr> <td></td> <td style="text-align: center;"><b>Limits</b></td> <td style="text-align: center;"><b>Frequency</b></td> </tr> </table>		<b>Limits</b>	<b>Frequency</b>		
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<input type="checkbox"/> <b>ACH Payment</b> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 100px; height: 20px;"></td></tr> </table> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 50px; height: 20px;"></td></tr> </table>					
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<input type="checkbox"/> <b>PLATINUM - \$75 One Time Fee</b>  Includes all features of the Silver and Gold Packages plus Optional Services Requested Below: <i>Any Optional Service below requires additional agreements and approval by Steuben Trust Company</i>
<input type="checkbox"/> <b>Sweep Accounting</b>  <input type="checkbox"/> <b>Remote Capture</b>

## ACCOUNTS REQUESTED

Please list the accounts you would like to access and the type of each account.  
The Administrator will have full access to all current and future accounts.

Account Number	Account Description	Type

## AUTHORIZATION

By signing below, I hereby authorize Steuben Trust Company to issue a temporary password to the Administrator and additional users listed. I certify that the Administrator is authorized to access all Requested Services of the eBanking system. The Administrator will be authorized to submit new, modifications, and deletions of additional users. Upon the first entry into the system, each user will be required to change the temporary password. By signing below and gaining access to Steuben Trust Company's eBanking system, I agree to comply with and be bound by the terms of this document, Steuben Trust Company Account Disclosure, and any other applicable agreements relating to Business eBanking.

Name	Title	
*Signature		Date
Name	Title	
*Signature		Date
Name	Title	
*Signature		Date
Name	Title	
*Signature		Date

**\*NOTE:** Individuals must be authorized to sign the Agreement by a Corporate Resolution properly executed by the Client. A copy of the executed Corporate Resolution must be on file.