

**Frontier Bank**

**Business Accounts - Online Banking Enrollment Form**

(Last Amended 12/1/2004)

**Frontier NetTeller, Frontier NetTeller with Power Pay, and/or Frontier Cash Management**

Note: If you are already enrolled for Frontier NetTeller and now wish to add Power Pay and/or Cash Management, simply complete this same form.

*An updated Online Banking Enrollment Form is required when revision(s) to authorized signer(s) is requested.*

To complete this enrollment, the following information is requested. (\* indicates required fields)

**SECTION 1 – Company Information**

Company Name: \* \_\_\_\_\_

(hereinafter referred to as “ Company” )

Business Type:\* ( ) Sole Proprietor ( ) Partnership ( ) Corporation ( ) LLC

EIN/TIN/SSN:\* \_\_\_\_\_

Physical Address 1:\* \_\_\_\_\_

Mailing Address 2:\* \_\_\_\_\_

City:\* \_\_\_\_\_

State:\* \_\_\_\_\_ Zip Code:\* \_\_\_\_\_

Work Phone:\* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Fax Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address:\* \_\_\_\_\_

Primary Contact for Account(s):\* \_\_\_\_\_

(Must be an authorized signer on the account and for Cash Management services will be the designated Administrator on the account).

**SECTION 2 – Primary Contact/Administrator Signer Information**

Name:\* \_\_\_\_\_  
SSN:\* \_\_\_\_\_  
Date of Birth:\* \_\_\_\_/\_\_\_\_/\_\_\_\_  
Driver License:\* \_\_\_\_\_  
Mothers Maiden Name:\* \_\_\_\_\_  
Single Word to be used for Customer Verification:\* \_\_\_\_\_

<b>SECTION 3 – Requested Services</b>
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**Check All Services Requested**

**Note:** Online bill payment and/or cash management is not required for enrollment in Frontier NetTeller.

- ( ) Frontier NetTeller – Online Banking Access (Balance Review, Account History, Account Transfers, Loan Payments, Stop Payments, Data Export.)
- ( ) Frontier NetTeller with Power Pay – Online Banking Access with Bill Pay Services (By checking this box, you are accepting the terms within the Frontier Bank Online Banking Agreement for this service.) See Frontier Bank On Line Banking Agreement for additional details. **Bill Pay Service is not available for accounts that require more than one signer.**
- ( ) Cash Management Services include Multi-User Set Up, Account Management, Wire Transfers, and ACH Origination (By checking this box, you are accepting the terms within the Frontier Bank Cash Management Services Agreement For this Service.) See Frontier Bank Cash Management Services Agreement for additional details.

<b>SECTION 4 – Account Information</b>
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**Frontier NetTeller/ Power Pay**

**Frontier NetTeller Service Charge Information**

If you have selected only the Frontier NetTeller Service, please indicate below the checking account number which the Frontier NetTeller fees should be debited.

Account Number \_\_\_\_\_

**Frontier Power Pay Service Charge Information**

If you have selected Frontier Power Pay, the service charge will be debited from your account that has the lowest account number, unless you notify us otherwise.

Please reference the Online Banking Agreement for current service charges.

**If you have selected the Cash Management Services, skip to Section 5 to complete the enrollment form. A Cash Management Service Agreement will also need to be completed. Please reference the Cash Management Service Agreement for current service charges.**

If you have **not** selected the Cash Management Services, please list below additional accounts you would like to access and the type of each account. You must be an authorized signer on the account(s).

**Account Access via Frontier NetTeller and/or Frontier NetTeller with Power Pay**

- Account # \_\_\_\_\_ Account Type \_\_\_\_\_
- Account # \_\_\_\_\_ Account Type \_\_\_\_\_
- Account # \_\_\_\_\_ Account Type \_\_\_\_\_
- Account # \_\_\_\_\_ Account Type \_\_\_\_\_
- Account # \_\_\_\_\_ Account Type \_\_\_\_\_
- Account # \_\_\_\_\_ Account Type \_\_\_\_\_

**SECTION 5 – Account Holder Signature**

## Signature

Company requests that Frontier Bank issue a validated Access Identification Number (Access ID) to its designated Primary Contact. The Access ID when used with the temporary PIN will give the Primary Contact person initial online access requiring him/her to change Company' s temporary PIN and providing the option to change Company' s Access ID. The temporary PIN will consist of the last four (4) digits of the employer identification number (EIN) for partnership and corporation accounts or the social security number (TIN) for sole proprietor accounts. Company acknowledges that the Access ID will be provided to its Primary Contact for Account(s). Company further acknowledges that it is responsible for the security of its Access ID and PIN. If the Company desires any distribution of the Access ID and PIN to enable more users to access its accounts, this distribution of information is to be provided by the [designated] Primary Contact for Accounts not Frontier Bank. After completing this task, in regard to the Frontier NetTeller and/or Power Pay service, the undersigned acknowledge that the Primary Contact will have access to all accounts listed above for which I/we are an authorized signer. We understand that any other accounts including those accounts that require more than one signer will be excluded from the Power Pay Service. In the event Company implements the Frontier Cash Management service, its access will be established through the designated Administrator for those accounts listed in Exhibit C of the Cash Management Services Agreement, which is incorporated herein by reference. For Frontier Cash Management service, Company requests Frontier Bank to issue a validated Cash Management Access Identification Number (CM Access ID) to its designated Administrator. The CM Access ID when used with the temporary Cash Management PIN (CM PIN) will give the Administrator initial Cash Management access requiring him/her to change temporary CM PIN. The temporary CM PIN will be assigned by Bank. The CM Access ID and CM PIN will be used in addition to the Access ID and PIN referred to in the preceding paragraph. Company acknowledges that the CM Access ID and CM PIN will be provided to its Administrator. Company further acknowledges that it is responsible for the security of its CM Access ID and CM PIN. The Administrator will have full administrative authority to add and/or edit cash management users for Company. The undersigned acknowledge that the Administrator will have access to all accounts listed in Exhibit C of the Cash Management Services Agreement for which I/we are an authorized signer. Any other accounts including those accounts that require more than one signer will be excluded from the Power Pay Service.

All instructions delivered by Online access will be deemed to be my/our authorization on behalf of the Company to charge or credit Company' s account(s) for transactions indicated and such transactions are subject to the terms and conditions set forth in the Online Banking Agreement, Web Site Agreement, and Security Statement governing Frontier NetTeller, Frontier NetTeller with Power Pay and/or Cash Management Services Agreement (if applicable). All account transactions are also subject to Frontier Bank disclosure rules and Deposit Account Agreements for Business and/or Personal Accounts. I/we agree that Frontier Bank may deliver any and all disclosures required by law to be made to me/us electronically. I/we will immediately notify the bank if the confidentiality of Company' s PIN is compromised.

**Accepted by Authorized Signer(s) per Business Corporate Resolution and/or appropriate documentation. For an incorporated entity a resolution is required, for other business entities, appropriate documentation such as a letter of authorization would be required.**

Date \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ Account Holder Signature \_\_\_\_\_

Date \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ Account Holder Signature \_\_\_\_\_

Date \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ Account Holder Signature \_\_\_\_\_

Date \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ Account Holder Signature \_\_\_\_\_

<b>SECTION 6 – Officers of Company</b>
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This will confirm that I/we have and/or will read, receive, and agree to be bound by the terms and conditions of the Online Banking Enrollment Form, Online Banking Agreement, Web Site Agreement, and Security Statement and/or Cash Management Services Agreement (if applicable). I/we have downloaded, copied, or received a paper form for all of the above applicable documents for my/our records.

**Accepted by Authorized Signer(s) per Business Corporate Resolution and/or appropriate documentation. For an incorporated entity a resolution is required, for other business entities, appropriate documentation such as a letter of authorization would be required.**

**COMPANY**

By: \_\_\_\_\_  
Authorized Signature Title

Name: \_\_\_\_\_  
Type or Print Date

By: \_\_\_\_\_  
Authorized Signature Title

Name: \_\_\_\_\_  
Type or Print Date

**We recommend that you PRINT or SAVE this document for future reference.**

**Send completed enrollment form to any Frontier Bank branch location or mail to:**

**Frontier Bank  
Attention Online Banking  
P.O. Box 630  
Sylacauga, Alabama 35150**



**For questions contact Online Banking at 1.866.216.0948**

**CHECK LIST**

**For Bank Use Only**

**Branch** \_\_\_\_\_

**CSR**

**DEP OPS**

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|-------|-------|---|
| _____ | _____ | Verified that the signatures in Section 5 are authorized signers on the accounts listed in Section 4 of the Online Banking Enrollment Form.   |
| _____ | _____ | Verified that the signatures in Section 6 are authorized by a Corporate Resolution or appropriate documentation.  |
| _____ | _____ | Verified that the authorized signers on the Cash Management Service Agreement are authorized signers on the accounts listed on Exhibit C.   |
| _____ | _____ | If Frontier NetTeller with Power Pay Service was selected, verified that the accounts listed requires only one signer. (Bill Pay Service is not available for accounts that require two signers). |

CSR Date Checked \_\_\_\_\_

Deposit Ops Date Checked \_\_\_\_\_

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Issued the Primary Contact for Account(s) the Access ID including Establishing Temporary PIN for NetTeller and Cash Management if applicable.

Operator Initials \_\_\_\_\_

Date \_\_\_\_\_

