

BCBank Inc.

Cash Management Enrollment Form



Business Information

Please Type or Print

*Date: _____

*Tax Identification Number _____

*Business Name: _____

*Number of Employees _____

*Mailing Address: _____

*City: _____

*State: _____

*Zip Code: _____

*Business Phone: _____

Facsimile: _____

Cash Management User Information

*Last Name: _____

*First Name: _____

*Middle Initial: _____

*Position: _____

*Email Address: _____

*Mailing Address: _____

*City: _____

*State: _____

*Zip Code: _____

*Phone (Daytime): _____

*Phone (Evening): _____

Phone (Mobile): _____

Facsimile: _____

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Account Information

Please Type or Print

*Date: _____

*Please choose one of the following:

____ Please give access to and the ability to transfer funds between **all** accounts that this company owns.

____ Please allow access to and the ability to transfer funds between **only** the following Account Types and Account Numbers:

Account Type (ie. Savings, Checking)

Account Number

Please Note: *Do not mail this form to the bank* -- It cannot be processed without your presence.

This form must be filled out in its entirety.

All fields marked with an * are required

This form must be presented in person to an Online Banking representative at one of our banking locations.

Online Banking 'Terms and Conditions' Agreement

This company has reviewed the "Online Banking Terms and Conditions Agreement" for BCBank's Internet Banking Services. This agreement was either provided in writing or accessed by means of the Bank's website. I / We accept such Online Banking Terms and Conditions. By using the online financial services provided by BCBank, I / We agree to abide by the terms and conditions of this agreement. I / We hereby authorize BCBank to charge the account indicated below for reasons including monthly fees and / or applicable service charges. I / We also understand that this agreement may be dissolved by either this company or BCBank with or without reason.

*Account used to Assess fees: _____

*Signature of Authorized Company Representative: _____