

**BUSINESS/ORGANIZATION  
CASH MANAGEMENT ENROLLMENT FORM**



*Please type or print*

**BUSINESS/ORGANIZATION INFORMATION**

Date: \_\_\_\_\_

Business/Organization Name: \_\_\_\_\_

Business Type: \_\_\_\_\_ Business Tax ID: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**ADMINISTRATOR INFORMATION**

Administrator's Full Name(Printed): \_\_\_\_\_

Title/Position: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Driver's License (State/Number): \_\_\_\_\_ Expiration: \_\_\_\_\_

**AUTHORIZED AGENT INFORMATION**

Authorized Agent's Full Name(Printed): \_\_\_\_\_

Title/Position: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Driver's License (State/Number): \_\_\_\_\_ Expiration: \_\_\_\_\_

**AUTHORIZED AGENT ACCOUNT PRIVILEGES**

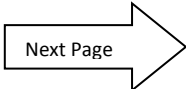
I, \_\_\_\_\_, Administrator of \_\_\_\_\_,

authorize the above named agent the following privilege(s) on the Account(s) listed in the next section and assume all responsibility for said person's actions:

*(Please initial next to allowable privileges.)*

- \_\_\_\_\_ View Only
- \_\_\_\_\_ Partial Privileges (ACH functions. Cannot create/edit cash users.)
- \_\_\_\_\_ Full Privileges (ACH functions. Can create/edit cash users.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**ACCOUNT INFORMATION**

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 accounts:

Please list account(s)/account type(s):

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

A monthly fee for Cash Management (\$20.00) will be debited each month when your statement cycles. Please list the Account used to assess Cash Management fees: \_\_\_\_\_ Admin Initials: \_\_\_\_\_

**AUTHORIZATION**

I authorize BCBank to verify any information in this application and activate accounts listed above for Internet Banking Access by way of NetTeller. I authorize BCBank to activate all functions allowed by NetTeller including ACH functions, stop payment initiation, bill payments, funds transferring and eStatements. I understand the account numbers listed above are set up as a related group and that Authorized Agent(s) and Administrator(s) can transfer to/from all numbers in that grouping as capabilities and/or restrictions allow.

I understand that as the Cash Management Administrator for (Business/Organization) \_\_\_\_\_

I am responsible for the Authorized Agent for this NetTeller profile. I have the authority to act on behalf of this business/organization.

The use of NetTeller shall be governed by the printed terms and conditions of the Online Banking Terms and Conditions Agreement, account disclosures and such other terms and conditions or amendments thereto, as may be established by BCBank, along with the ACH Origination Agreement. I authorize any fees associated with this service, including monthly fees and/or applicable service charges, be automatically debited from the "Payment Account" according to time specified. I understand that this agreement may be dissolved by either this company or BCBank with or without reason.

Name (Printed): \_\_\_\_\_ Signature: \_\_\_\_\_

(Must be authorized on all accounts accessed through this NetTeller profile) Date: \_\_\_\_\_

**IMPORTANT:** Do not mail this form to the bank. It cannot be processed without your presence. This form must be filled out in its entirety. This form must be presented in person to an Online Banking representative at one of our banking locations.

**BANK USE ONLY**

CM Request Received By: \_\_\_\_\_ Processed By: \_\_\_\_\_ Approved Date: \_\_\_\_\_ CM ID: \_\_\_\_\_  
Approved ACH Daily Limit: \$ \_\_\_\_\_