



# PREMIER ONLINE BANKING BUSINESS REGISTRATION FORM

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

TIN#: \_\_\_\_\_

Name of Customer and Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone(s): (\_\_\_\_) \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Username / Password: Please choose a Username that is unique and on you can remember as this will not change. If you choose a Password on this application you will be **REQUIRED** to change your password at first sign-on to maintain account security. If you **DO NOT** choose a password at this time, we will assign **1234** as your password; and you will still be required to change it at first sign-on.

USERNAME: \_\_\_\_\_

PASSWORD: \_\_\_\_\_

Account Access: (You must be an owner of the account(s) listed. Transfer capability will not be given unless requested. If these are joint accounts, other parties must sign also.) Transfer Authorizations are available for Checking and Savings accounts ONLY.

Bill Pay Enrollment: Bill Pay Interface is enabled by The Union Bank. This form allows that feature to be enabled. All conditions, terms, and agreements are disclosed at time of enrollment with Bill Pay CheckFree. Please note that this option is available for Checking accounts ONLY.

<u>ACCOUNTS</u>	<u>TRANSFER AUTHORIZATION</u>	<u>CHECKFREE BILL PAY</u>
_____	YES OR NO	YES OR NO
_____	YES OR NO	YES OR NO
_____	YES OR NO	YES OR NO
_____	YES OR NO	YES OR NO
_____	YES OR NO	YES OR NO
_____	YES OR NO	YES OR NO
_____	YES OR NO	YES OR NO
_____	YES OR NO	YES OR NO

Customer Signature: \_\_\_\_\_

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

I UNDERSTAND THAT I AM IN FULL CONTROL OF MY ACCOUNT(S). IF AT ANY TIME I DECIDE TO DISCONTINUE, I WILL PROVIDE WRITTEN NOTIFICATION TO THE UNION BANK. MY SIGNATURE ALSO INSTRUCTS THE BANK TO WITHHOLD MY NAME FROM ANY THIRD PARTY AFFILIATES AS OUTLINED IN THE ONLINE BANKING AGREEMENT.

Employee Signature: \_\_\_\_\_

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

**PLEASE COMPLETE AND RETURN TO THE UNION BANK BY DROPPING OFF AT YOUR LOCAL BRANCH; BY FAX (318-253-9163); OR BY MAIL (ATTN. PREMIER ONLINE BANKING; PO BOX 39, MARKSVILLE, LA 71351).**