



ACCESSWEST FOR BUSINESS ENROLLMENT FORM

NEW CHANGE ADD ACCOUNT ADD EMPLOYEE

COMPANY INFORMATION:						
Company:						
Address:				TIN/SSN:	-	
City:		State:		Zip Code:	-	
Phone:	- -	Primary Contact for Account(s):				
Fax:	- -	E-mail Address:				

ACCOUNT AUTHORIZATIONS			
<u>Account Type:</u> DD = Checking /Money Market CD = Certificate of Deposit SV = Savings LN = View Lines of Credit (Notes)			
ACCOUNT TYPE	ACCOUNT #(S)	PORT # (BANK USE ONLY)	IDENTIFICATION (I.E. PAYROLL, GENERAL ACCT; MAXIMUM 10 CHARACTERS IN DESCRIPTION – NO SPACES)
1	(P)		
2			
3			
4			
5			

(P) Indicates Primary Checking Account from which charges you incur will be debited.

USER INFORMATION (REQUIRED TO ACTIVATE YOUR ACCOUNT)												
USER PRINTED NAME , TITLE & SIGNATURE		USER ACCESS LEVEL	USER AUTHORIZATION LEVEL AUTHORIZATION LEVELS: FOR SECURITY PROTECTION, ONLY SELECTED OPTIONS LISTED ON THIS FORM WILL BE GIVEN TO THE USER AS LISTED.									
List all users' names, title and signatures authorized to utilize AccessWest for Business. Only user names listed will receive a password that will allow them access to the levels of authorization selected.		Options are: Sr. Administrator Administrator Supervisor Employee	TRANSFER LIMITS	DOCUMENT RETRIEVAL	INQUIRY ONLY	INITIATE AND APPROVE TRANSACTIONS	INTERNAL TRANSFERS	STOP PAYMENTS	FEDERAL TAX PAYMENTS	EXPORT FILES	ACH ORIGINATION (requires additional Bank approval)	WIRES
Name	Signature			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name	Signature			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name	Signature			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name	Signature			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACH CREDIT AND DEBIT AUTHORIZATION

Certain customers may qualify and have a need for either debit or credit origination through the ACH (Automated Clearing House) system. While this can be a valuable product to qualifying customers, processing automated transactions can involve some risks to both the BANK and the customer, and will require additional information and other underwriting requirements. For these reasons, should you have an interest in ACH origination, please contact your Bank representative at any of our locations.

SIGNATURES: By signing below, I/we hereby authorize **THE BANK** to issue a temporary password for the account, which must be changed upon first entry into the system. I/we understand that the users listed above have authority to act in behalf of the authorization levels I/we have selected. I/we acknowledge receipt of the Community West Bank, N.A. AccessWest for Business Online Banking Services Agreement (Agreement) and agree to be bound by the Agreement. I/we also acknowledge that use of the AccessWest for Business Online Banking Services constitutes agreement to the AccessWest for Business Online Banking Services Agreement.

Appropriate business authorization should be obtained. Two signatures are recommended, even with corporate resolutions, one from each of the following two groups: (a) the chairman of the board, the president or any vice president; and (b) the secretary, any assistant secretary, the chief financial officer or any assistant treasurer. LLCs, partnerships and other business entities are dealt with through the counterpart resolution, or other appropriate signing (all members, all partners, or whatever is appropriate).

Authorized Signature	Name/Title	Date	Authorized Signature	Name/Title	Date
Authorized Signature	Name/Title	Date	Authorized Signature	Name/Title	Date

BANK INFORMATION (To Be Completed By Bank)

Date Received:	Fees: <input type="checkbox"/> Charge <input type="checkbox"/> Analysis <input type="checkbox"/> Waive
Date Added on System:	Approved By: _____ Date: _____
Entered By:	
Date Closed:	

PASSWORD RELEASE: Upon receipt of your enrollment form, the password will in return be provided to the authorized user(s).