



Wisconsin River Bank

BUSINESS ONLINE BANKING REGISTRATION FORM

(Please Print or Type Your Information.)

Business Name: \_\_\_\_\_ TIN#: \_\_\_\_\_

Street Address City State Zip

Mailing Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Main E-mail: \_\_\_\_\_

(1) Authorized Signer: \_\_\_\_\_ Title: \_\_\_\_\_

SSN: \_\_\_\_\_ Mother's Maiden: \_\_\_\_\_ (For Bank Verification)

(2) Authorized Signer: \_\_\_\_\_ Title: \_\_\_\_\_

SSN: \_\_\_\_\_ Mother's Maiden: \_\_\_\_\_ (For Bank Verification)

(3) Authorized Signer: \_\_\_\_\_ Title: \_\_\_\_\_

SSN: \_\_\_\_\_ Mother's Maiden: \_\_\_\_\_ (For Bank Verification)

(4) Authorized Signer: \_\_\_\_\_ Title: \_\_\_\_\_

SSN: \_\_\_\_\_ Mother's Maiden: \_\_\_\_\_ (For Bank Verification)

By signing this form, I understand that it is my responsibility to safeguard my Internet Online electronic password(s) from unauthorized users; to keep my password(s) and account number(s) separate to prevent unauthorized access; and to change my respective password(s) periodically. I will report immediately to Wisconsin River Bank suspected unauthorized use. I acknowledge receipt of Wisconsin River Bank's most recent Disclosure entitled "Important Information About Deposit Accounts" and agree to the account regulations specified in this Disclosure.

Signature(s) of Authorized Signers – Each Authorized Signer must sign.

X \_\_\_\_\_ X \_\_\_\_\_ Date Date

X \_\_\_\_\_ X \_\_\_\_\_ Date Date

For Bank Use Only: Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Port #: \_\_\_\_\_ Activation Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Sauk City: 608 Phillips Boulevard ■ 608.643.6300 Fax 608.643.5444 Lodi: 807 North Main Street ■ 608.592.7788 Fax 608.592.5518