

**PEOPLES BANK**  
**Business Internet Banking Application**

**Customer Information**

Business Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Tax ID/SSN: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_ @ \_\_\_\_\_

**Bill Payment Option**

YES! Sign me up for Online Bill Payment.

Bill Payment Account Number \_\_\_\_\_

Bill Payment Account Number \_\_\_\_\_

Bill Payment Account Number \_\_\_\_\_

Bill Payment Account Number \_\_\_\_\_

**Administrator(s) Information**

Your company administrator(s) has the authority to add, change or delete additional administrators or users. In the event you are without an administrator or need Peoples Bank to make an administrator or user change, your authorized agents will be required to notify Peoples Bank in writing of the requested changes.

Name: \_\_\_\_\_ Home Phone Number \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Driver's License Number # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State Issued: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone Number \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Driver's License Number # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State Issued: \_\_\_\_\_

**Resolution Authorizing Business Internet Banking**

I, the undersigned, do hereby certify that I hold the title of \_\_\_\_\_ at \_\_\_\_\_ (“Customer”), organized under the laws of the State of \_\_\_\_\_, and that at a meeting of the governing authority of the Customer duly held on \_\_\_\_\_, 20\_\_ at which time a quorum was present and acting throughout, the following resolutions were adopted and have not been rescinded, revoked, or modified, but are still in full force and effect; WHEREAS, the “Business” wishes to access Business Internet Banking service through Peoples Bank.

\_\_\_\_\_  
Typed Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed Name and Title

\_\_\_\_\_  
Signature

FURTHER RESOLVED, that the authority conferred hereby will continue in full force and effect until written notice of modification or revocation of this resolution by a duly appointed official of the Customer will be received by the institution. The institution will be protected in acting upon any form of written notice that it in good faith believed to be genuine and what it purports to be.