PEOPLES BANK Business Internet Banking Application

Customer Information				
Business Name:				
Contact Name:				
Address:			0/SSN:	
City, State, Zip:				
Business Telephone:	E-mail address:		@	
	Online Statement S			
YES! Sign me up for On	line Statements Securi	ity Tag		
eMail Address:		@		
need Peoples Bank to make an administr changes.	Administrator(s) Inf authority to add, change or delete additional a ator or user change, your authorized agents v	administrators or users. In will be required to notify	Peoples Bank in writing of the requested	
	State			-
Social Security Number:	Date of Birth			
Home Phone	Cell	Cell Phone		
Driver's License Number #	Expiration I	Date:	State Issued:	
E-mail Address:			@	
	Resolution Authorizing Busine	ss Internet Banki	ng	
I, the undersigned, do hereby certify the under the laws of the State of 20 at which time	at I hold the title of, and that at a meeting o	at f the governing author hout the following res	("Customer"), organ rity of the Customer duly held on solutions were adopted and have not h	ized

______, 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at which time a quorum was present and acting throughout, the following resolutions were adopted and have not been rescinded, revoked, or modified, but are still in full force and effect; WHEREAS, the "Business" wishes to access Business Internet Banking service through Peoples Bank.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.