

Peoples Business Online Banking Application

Customer Information

Business Name: _____
Contact Name: _____
Address: _____ Tax ID/SSN: _____
City, State, Zip: _____
Business Telephone: _____ E-mail address: _____ @ _____

Online Statement Sign Up

YES! Sign me up for Online Statements Security Tag _____

eMail Address: _____ @ _____

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.

Administrator(s) Information

Name: _____
Home Address: _____
City _____ State _____ Zip _____
Social Security Number: _____ Date of Birth _____
Home Phone _____ Cell Phone _____
Driver's License Number # _____ Expiration Date: _____ State Issued: _____
E-mail Address: _____ @ _____

Company Authorization

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.

Login credentials will be emailed within 48 hours

Return this application to any Peoples Bank Office or Fax to 573.885.2509

Peoples Bank, PO Box H, Cuba, MO 65453