

Business Online Bill Pay Enrollment Form

****Save a copy of this form for your records****

Business Name:		Tax ID:	
Address:			
City:	State:	Zip Code:	
Phone Number:		E-mail Address:	
Checking Account Number(s): <i>Please list all accounts you would like available for business bill pay use.</i>		Cell #:	

Senior Administrator Information

Full access: add billers, change billers, cancel and approve payments. Also able to cancel service.

Name:	Social Security #:
Security Question: CHOOSE	Answer:

Second User (Choose Level)

Level 2: Full access: add billers, change billers, cancel and approve payments.

Level 3: Restricted access: Add billers, change billers, and create payments (payments must be approved by authorized user)

Name:	Social Security #:
Security Question: CHOOSE	Answer:
E-mail Address:	Phone #:

Third User (Choose Level)

Level 2: Full access: add billers, change billers, cancel and approve payments.

Level 3: Restricted access: Add billers, change billers, and create payments (payments must be approved by authorized user)

Name:	Social Security #:
Security Question: CHOOSE	Answer:
E-mail Address:	Phone #:

Service Agreement

The person submitting this application is acting with full authority for the applying entity. This application for online services has been duly authorized by the board of directors, members or general partners, as applicable, of the applying entity. Should this application for online services be accepted, the applying entity:

- a. Agrees to defend, indemnify and hold the service harmless from any misuse of or unauthorized access to the online services performed on behalf of or in the name of the applying entity;
- b. Authorizes the business' financial institution to debit the account(s) indicated for payments requested through the service and for the appropriate monthly bill payment service fee, if applicable.
- c. Understands that all service fees will be automatically debited monthly from the designated bank account until notification to cancel the account is provided; and,
- d. Agrees that use of the service signifies acceptance of all the terms and conditions of the service.

Authorized Signature: _____ Date: _____

Please complete the form, print, sign and drop off at any Century Bank and Trust location.