Lakeland Bank
We're simplifying banking.®

Business Online Banking Application
and Maintenance Form

☐ New Application ☐ Change Request

CUSTOMER

Company Name _____ Tax ID _____ ◯ EIN ◯ SSN

Mailing Address _____ Phone _____ Fax _____

City _____ State _____ Zip _____

Branch of Account _____

Business Type

☐ Corporation ☐ Sole Proprietorship
☐ Limited Liability Company (LLC) ☐ Partnership
☐ Unincorporated Association ☐ Municipality/BOE
☐ Limited Liability Partnership (LLP) ☐ Other

ONLINE BANKING SERVICES

Business Online Banking Services

Business Online Banking includes the following services: access to accounts, view check and deposit slip images, initiate internal fund transfers, loan payments, & stop payments. Indicate additional services below, if desired. Note that additional fees and documentation requirements may apply.

Wire Transfer ☐ Add ☐ Delete

Initiate domestic and foreign wire transfers online. Create templates, set limits, allow for additional approval by an administrator/other employee. Foreign wire transfer recipient must first be approved by the bank before it can be initiated online. Schedule future-dated or recurring wire transfers. Requires the use of a TOKEN one-time password device.

Online Bill Pay for Business ☐ Add ☐ Delete

Pay bills online. Set-up payees and vendors, schedule future-dated or recurring payments, include invoice and/or memo information on each 'check' payment, create e-mail reminders and obtain payment history, generate custom summary and detail reports.

ACH Origination ☐ Add ☐ Delete

Originate ACH payments or receipts, including payroll direct deposit. Generate ACH individual entries, or upload NACHA formatted files to the bank. **Requires ACH Origination Application, ACH Origination Agreement, approva**l and use of a TOKEN one-time password device. Additional fees apply.

Remote Deposit Capture ☐ Add ☐ Delete

Make deposits online - scan & upload checks to the bank for deposit into your account. **Requires additional application and agreement, hardware and software.** Additional fees apply.

Third-Party File Upload Service ☐ Add ☐ Delete

Available to third-party service providers for uploading ACH or other files to the bank. **Requires ACH Origination Application, ACH Origination Agreement, approval** and use of a TOKEN one-time password device.

SENIOR ADMINISTRATOR

☐ Add ☐ Change ☐ Delete ☐ Check here if replacing current Senior Administrator

Primary User (Senior Administrator) *

Senior Administrator Name _____ SSN _____ Title _____

E-Mail Address _____ Phone _____ Fax _____

Mother's Maiden Name _____ City Born In _____ DOB _____

* Senior Administrator indicated above is the primary user on the online banking system and has rights to all accounts and services indicated on this application. The Senior Administrator is responsible for creating additional users (if desired) and assigning users' rights.

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ACCOUNTS

Accounts* *(for additional accounts, attach a separate sheet)*

	Account Number	Account Name	Account Type	Access Level**	Primary Account***	Bill Pay Account	Wire Account
☐ Add ☐ Delete					☐	☐	☐
☐ Add ☐ Delete					☐	☐	☐
☐ Add ☐ Delete					☐	☐	☐
☐ Add ☐ Delete					☐	☐	☐
☐ Add ☐ Delete					☐	☐	☐
☐ Add ☐ Delete					☐	☐	☐
☐ Add ☐ Delete					☐	☐	☐
☐ Add ☐ Delete					☐	☐	☐
☐ Add ☐ Delete					☐	☐	☐
☐ Add ☐ Delete					☐	☐	☐

* Unless otherwise provided for under a separate authorization agreement, the accounts listed must be under the same name and ownership as the company indicated on the application.

** Access Level for Primary Account must be set to FULL ACCESS. Internal fund transfers, wire transfers, tax payments, and stop payments require FULL ACCESS. VIEW & DEPOSIT permits transfers into the Account only. VIEW ONLY does not permit any transfers, tax payments or stop payments in to or out of the Account.

*** Unless otherwise indicated, the first account listed above will serve as the Primary Account for this Business Online Banking profile. This account will be assessed any fees (if applicable) related to online banking services, unless otherwise indicated under separate agreement.

SIGNATURE

CUSTOMER AUTHORIZATION

I, the undersigned, do hereby acknowledge that I am authorized under the attached resolution to act on behalf of this company, group, association or organization. In addition, I acknowledge receipt of and agree to the terms and conditions set forth in the Business Online Banking Agreement.

Authorized Signature _____ Printed Name _____ Title _____ Date _____

APPROVAL

BRANCH AUTHORIZATION - BANK USE ONLY

By signing below, I acknowledge that I have verified that the above signed customer is authorized to act on behalf of this company, group, association or organization. In addition, I have verified the services requested.

Authorized Signature _____

Printed Name _____ Title _____ Resp Code _____ Date _____

PROCESSING

COMPUTER SERVICES - BANK USE ONLY

Client Number _____

Access ID _____ Temp Password _____

Processed By _____ Date Processed _____

☐ Client Set-up Initials _____

☐ Bill Pay Set-up Initials _____

☐ Notification Initials _____

☐ Token(s) Issued Initials _____

Token(s) Issued

_____

_____

_____