



Business Customer Internet Banking Enrollment Form

Business Name: _____ Tax I.D. #: _____
(Please Print or Type)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email Address: _____
(please include domain, ex. *jsmith@aol.com*)

Please list the account number(s) and type(s) that you wish to access through Internet Banking:

Account #	Acct type: <i>(checking/savings/CD/loan)</i>

Please enable Online Bill Payment for the account listed below: (must be a checking acct)

I/We am/are authorized by the appropriate business resolution on file with Riverside Bank to request the services listed above. This authorization will remain in force until revoked by me/us or by the Bank in accordance with the Bank's Online Banking Agreement.

Signature: _____ Print Name: _____ Date: _____

Signature: _____ Print Name: _____ Date: _____

Application verified by: _____		
	CSR	Date
Operations dept. – received by: _____	Date received: _____	Internet banking ID: _____
	Date ID created: _____	_____
<i>(This section for Riverside Bank use only)</i>		