



## Business Online Banking Registration

**Business Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street City State Zip

**Phone** \_\_\_\_\_

**E-mail address** \_\_\_\_\_  
(REQUIRED)

TYPE OF ACCOUNT	ACCOUNT NUMBER	TRANSFER FROM	TRANSFER TO
Checking - Operating		Y or N	Y or N
Checking		Y or N	Y or N
Checking/Money Market		Y or N	Y or N
Checking/Money Market		Y or N	Y or N
Payroll Account		Y or N	Y or N
Savings		Y or N	Y or N
CD		N	N
CD		N	N
Line of Credit		Y or N	Y or N
Term Loan		N	Y or N
Term Loan		N	Y or N
Term Loan		N	Y or N
<b>Bill Payment Y or N</b>			

*By submitting this application and using Middleton Community Bank's Online Banking Service, I state that I have read and understand the terms and conditions set forth in the Middleton Community Bank Service Agreement for Online Banking and Bill Payment. I accept the agreement and request that I be enrolled as well as any new accounts I may open.*

\_\_\_\_\_  
*Owner Signature Date*

\_\_\_\_\_  
*Owner Signature Date*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Owner Signature Date*

\_\_\_\_\_  
*Security Administrator Signature Date*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Print Name*

*Please allow 2 business days for your account to be set up. You will receive an email notification of your MCB Online ID and your MCB Online Password will be mailed to you.*

<b>For Office Use:</b>	CIF #: _____
New Account: _____	Internet Banking Account #: _____
Change in Existing Account: _____	Set - Up By: _____
Delete Account: _____	Account Verified By: _____
Account Verification: _____	CIF Level - ID & email entered By/Date: _____
_____	Email ID Notification - Date Sent: _____
_____	Mail Password - Date Sent: _____