



| EXPERIENCE THE DIFFERENCE |

OLB Commercial Cash Management Application

Date: _____

Company Name: _____

Company Contact: _____

Address: _____

City, State, Zip: _____

Business Phone: _____ Fax: _____

Tax ID number: _____

E-Mail Address: _____

The following section allows you to identify the accounts to which you desire access through the Internet. Please supply the type of account and the account number. Federal regulations allow only (6) transfers or withdrawals per month from savings accounts.

Accounts to add to Online Banking

Acct# _____ Acct Type: _____ Product name: _____

Acct# _____ Acct Type: _____ Product name: _____

Acct# _____ Acct Type: _____ Product name: _____

Acct# _____ Acct Type: _____ Product name: _____

Acct# _____ Acct Type: _____ Product name: _____

Acct# _____ Acct Type: _____ Product name: _____

Acct# _____ Acct Type: _____ Product name: _____

Customer signature _____

User applications for authorized individuals are attached.

Optional Bill Pay: Enroll in Bill Pay-Yes _____ No _____

Account number from which bills will be paid: _____

In addition to the account access I have indicated above, I would also like First Freedom Bank to provide Bill Pay. I authorize First Freedom Bank to debit my account for any payments I direct to be made through the Bill Payment service. I agree to pay a monthly fee of \$6 per month up to 15 transactions and .45 per transaction after 15 within a month, unless the account is a Business Net Checking account.

Account Owner Signature

Date

Bank use only:

Date received: _____ Employee signature: _____

Date setup in OLB: _____ Setup by: _____



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OLB Commercial Account Individual User Authorization Form

Date: _____ Existing User: _____ Yes _____ No User ID _____
(if yes)

Name of Individual User: _____

Company Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

SSN or Taxpayer ID: _____ Birthday: _____

Mother's Maiden Name: _____

E-Mail Address: _____

Requested User ID: _____

Accounts to have access to on behalf of the business:

Acct# _____ Acct Type: _____ Product name: _____

Acct# _____ Acct Type: _____ Product name: _____

Acct# _____ Acct Type: _____ Product name: _____

Acct# _____ Acct Type: _____ Product name: _____

Acct# _____ Acct Type: _____ Product name: _____

Acct# _____ Acct Type: _____ Product name: _____

Acct# _____ Acct Type: _____ Product name: _____

Individual users signature _____ Date: _____

Approved by: (Must be signed by someone within the company that has the authority to appoint users to conduct transactions on behalf of the business).

Individual users signature _____ Date: _____

Bank use only:

Date received: _____ Employee signature: _____

Date setup in OLB: _____ Setup by: _____