EMPLOYEE AUTHORIZATION

The following information is required for every employee accessing account information.
Complete as many worksheets as needed.

Company Name: _____

Employee Name: _____

Access ID: _____
(Typically First Initial & Last name maximum of 19 characters - upper case only)

Account Number　　　　　**Account Type**　　　　　**Account Nickname**

_____　　　_____　　　_____

Account Options:
☐ View Transactions　　☐ Stop Pays　　☐ Internal Transfers　　☐ Wire Transfers

Account Number　　　　　**Account Type**　　　　　**Account Nickname**

_____　　　_____　　　_____

Account Options:
☐ View Transactions　　☐ Stop Pays　　☐ Internal Transfers　　☐ Wire Transfers

Account Number　　　　　**Account Type**　　　　　**Account Nickname**

_____　　　_____　　　_____

Account Options:
☐ View Transactions　　☐ Stop Pays　　☐ Internal Transfers　　☐ Wire Transfers

Account Number　　　　　**Account Type**　　　　　**Account Nickname**

_____　　　_____　　　_____

Account Options:
☐ View Transactions　　☐ Stop Pays　　☐ Internal Transfers　　☐ Wire Transfers

Account Number　　　　　**Account Type**　　　　　**Account Nickname**

_____　　　_____　　　_____

Account Options:
☐ View Transactions　　☐ Stop Pays　　☐ Internal Transfers　　☐ Wire Transfers

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Security Question: _____
(For bank verification of user)

Security Answer: _____

Printed Name: _____　Authorized Signature: _____

Title: _____　Date ____ / ____ / _____