



Synergy Bank, S.S.B.
Business (Commercial) Online Banking
 New Enrollment Account Change

Business Name: _____

Tax ID: _____ Primary Business Phone Number: _____ - _____ - _____

Business Address: _____

Business City, State, Zip: _____

User information Social Security Number: _____

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Address: _____

City, State, Zip: _____

Phone Numbers:

Home: _____ - _____ - _____ Business: _____ - _____ - _____ Cell: _____ - _____ - _____

Email Address: _____ Date of Birth: ____/____/____

Please enter a question and answer of your choice that may be used for identification purposes.

Security Question: _____ Answer: _____

ACCOUNT #	Account type	Add	View Only	Other *	Delete
	DDA SAV CD IL CL ML LOC				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All applicable functions will be applied to added accounts unless noted by Other * and additional notes are provided:

User Name: _____

User Name: Please choose a USER NAME without spaces or special characters that is a minimum of six (6) and maximum of 20 characters. **Password:** You will be assigned a randomly generated Password and will be prompted to change this temporary Password the first time you login. Passwords are case sensitive and should be a minimum of eight (8) characters and include the following: (2) alpha, one (1) upper case, one (1) lower case, one (1) numeric character and one (1) special character.

Customer Signature _____

Date _____

Authorized Account Holder Signature _____

Date _____

(additional signature is required if person/customer enrolling is not a signer on the accounts)

The above signature indicates that you agree to the terms and disclosures provided to you at enrollment.

Accepted by: _____	Date: _____
For EB Department Use only	Entered By: _____ Date: _____
<input type="checkbox"/> Bancpac Maintenance	<input type="checkbox"/> Welcome Email <input type="checkbox"/> EStmt Verification
Verified by: _____	Date: _____