Alden
STATE BANK

BUSINESS ONLINE CLIENT AUTHORIZATION
The following information is to be completed by the customer.

General Company Information

Company Name: _____
(Maximum 30 characters)

Address: _____
(Maximum 30 characters)

City, State, Zip: _____
(Maximum 35 characters)

Contact Name: _____
(Maximum 30 characters)

Contact Telephone Number: (____) _____ - _____

Tax ID Number: _____

Business Contact Email: _____

Alternative Contact Info: _____

Alternative Contact Info: _____

Alternative Contact Info: _____

Alternative Contact Info: _____

Display Groups (For organizational purposes on the home page. Example: A "Checking" display group will contain all checking (DDA) accounts assigned on the subsequent client account authorization page.)

Accounts (ex: Checking, Savings)	Employees (ex: Administrators)	Fund Transfers (ex: Checking to Checking)	File Transfers (ex: Current Cycle Download)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Company
Ancillary Products: ACH | Wire | Positive Pay | Bill Payment | Notifi

ACH: Yes ☐   No ☐ (Token Required.)
ACH Company Entry Description
(*Required 3 Characters): _____

ACH Limit Request
Frequency: Weekly Monthly
Intent Of Service: _____
Limit: 10,000 25,000 Other:_____

Company Wires: Yes ☐   No ☐ (Token Required.)

Company Positive Pay: Yes ☐   No ☐
(transaction review)

Bill Payment ($5/month fee): Yes ☐   No ☐

Notifi: Yes ☐   No ☐
(Alerts and Notifications)

CLIENT ACCOUNT AUTHORIZATION

The following information is to be completed by the customer.

The following information is required for every account accessed by your company through the system. Photocopy and fill out this worksheet as needed. At least one required. (Display Group must be listed on previous page under "Display Groups")

Account Number: _____

Account Nickname: _____

Display Group: _____

Account Type: _____

Bill Payment Account: ☐   Electronic Statements: ☐

Account Number: _____

Account Nickname: _____

Display Group: _____

Account Type: _____

Bill Payment Account: ☐   Electronic Statements: ☐

Account Number: _____

Account Nickname: _____

Display Group: _____

Account Type: _____

Bill Payment Account: ☐   Electronic Statements: ☐

Account Number: _____

Account Nickname: _____

Display Group: _____

Account Type: _____

Bill Payment Account: ☐   Electronic Statements: ☐

Account Number: _____

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Account Nickname: _____

Display Group: _____

Account Type: _____

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Account Number: _____

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Display Group: _____

Account Type: _____

Bill Payment Account: ☐   Electronic Statements: ☐

Account Number: _____

Account Nickname: _____

Display Group: _____

Account Type: _____

Bill Payment Account: ☐   Electronic Statements: ☐

Account Number: _____

Account Nickname: _____

Display Group: _____

Account Type: _____

Bill Payment Account: ☐   Electronic Statements: ☐

Account Number: _____

Account Nickname: _____

Display Group: _____

Account Type: _____

Bill Payment Account: ☐   Electronic Statements: ☐

Account Number: _____

Account Nickname: _____

Display Group: _____

Account Type: _____

Bill Payment Account: ☐   Electronic Statements: ☐

Account Number: _____

Account Nickname: _____

Display Group: _____

Account Type: _____

Bill Payment Account: ☐   Electronic Statements: ☐

Account Number: _____
Account Nickname: _____
Display Group: _____
Account Type: _____
Bill Payment Account: ☐   Electronic Statements: ☐

Account Number: _____
Account Nickname: _____
Display Group: _____
Account Type: _____
Bill Payment Account: ☐   Electronic Statements: ☐

Account Number: _____
Account Nickname: _____
Display Group: _____
Account Type: _____
Bill Payment Account: ☐   Electronic Statements: ☐

Account Number: _____
Account Nickname: _____
Display Group: _____
Account Type: _____
Bill Payment Account: ☐   Electronic Statements: ☐

Account Number: _____
Account Nickname: _____
Display Group: _____
Account Type: _____
Bill Payment Account: ☐   Electronic Statements: ☐

Account Number: _____
Account Nickname: _____
Display Group: _____
Account Type: _____
Bill Payment Account: ☐   Electronic Statements: ☐

Account Number: _____
Account Nickname: _____
Display Group: _____
Account Type: _____
Bill Payment Account: ☐   Electronic Statements: ☐

Account Number: _____
Account Nickname: _____
Display Group: _____
Account Type: _____
Bill Payment Account: ☐   Electronic Statements: ☐

Account Number: _____
Account Nickname: _____
Display Group: _____
Account Type: _____
Bill Payment Account: ☐   Electronic Statements: ☐

Account Number: _____
Account Nickname: _____
Display Group: _____
Account Type: _____
Bill Payment Account: ☐   Electronic Statements: ☐

Account Number: _____
Account Nickname: _____
Display Group: _____
Account Type: _____
Bill Payment Account: ☐   Electronic Statements: ☐

Account Number: _____
Account Nickname: _____
Display Group: _____
Account Type: _____
Bill Payment Account: ☐   Electronic Statements: ☐

Account Number: _____
Account Nickname: _____
Display Group: _____
Account Type: _____
Bill Payment Account: ☐   Electronic Statements: ☐

Account Number: _____
Account Nickname: _____
Display Group: _____
Account Type: _____
Bill Payment Account: ☐   Electronic Statements: ☐

Account Number: _____
Account Nickname: _____
Display Group: _____
Account Type: _____
Bill Payment Account: ☐   Electronic Statements: ☐

Account Number: _____
Account Nickname: _____
Display Group: _____
Account Type: _____
Bill Payment Account: ☐   Electronic Statements: ☐

USER PROFILE INFORMATION

The following information is to be completed by the customer.
The following information is required for every user code. Complete one form per user. Photocopy and fill out this worksheet as needed. All fields required.

User Profile - Codes

Name: _____
(Customer's Name)

Security Level *(select one)*
☐ Employee   ☐ Supervisor
☐ Administrator   ☐ Senior Administrator

Contact Information

Email: _____

Business Phone: (_____) _____ - _____

Business Phone Ext: _____

Employee indicates the corporate user has employee security rights. Employees are not able to review outstanding transactions that other corporate users generate or account activity that other corporate users with higher administration levels generate.
Supervisor indicates the corporate user has supervisor security rights. Supervisors can review outstanding transactions that other corporate users generate, establish transfer templates that require supervisor approvals and can also establish new users.
Administrator indicates the corporate user has administrator security rights. Administrators can review outstanding transactions that other corporate users generate, complete administrative functions online and establish new corporate users and supervisors.
Senior Administrator indicates the corporate user has senior administrator security rights. Senior Administrators can review outstanding transactions that other corporate users generate by other corporate users, complete administrative functions online, modify their corporate user permissions and establish new corporate users, supervisors, and administrators.

Log in Information

Verification Username: _____   Temporary Password: _____
(Maximum 19 characters)

8-17 Characters,
1 Upper &1 Lower case letter,
1 number & 1 special character

Account Access (What accounts this user will have access to)

_____   _____   _____   _____

_____   _____   _____   _____

_____   _____   _____   _____

_____   _____   _____   _____

User Features Access (What additional features this user will be able to utilize)

ACH Access: ☐
*Token Required | User must be listed on the Automated Clearing House Credit and Debit Entry Agreement Schedule E or change form.

Wire Access: ☐
*Token Required | User must be listed on the Wire Transfer Enrollment Form or change form.

Positive Pay: ☐

Bill Payment: ☐

Notifi: ☐

Stop Payments**:** Inquiry: ☐   New: ☐

Business Change Alerts: ☐

ACH MANAGER NOTIFICATIONS

The following information is to be completed by the client. (User contact data for notifications on ACH transactions)
Two emails required when possible

Notification Type (What information user will receive)

Email Address: _____ ☐ Confirmation ☐ Error ☐ Template Review

Email Address: _____ ☐ Confirmation ☐ Error ☐ Template Review

Email Address: _____ ☐ Confirmation ☐ Error ☐ Template Review

Email Address: _____ ☐ Confirmation ☐ Error ☐ Template Review

Email Address: _____ ☐ Confirmation ☐ Error ☐ Template Review

Email Address: _____ ☐ Confirmation ☐ Error ☐ Template Review

Email Address: _____ ☐ Confirmation ☐ Error ☐ Template Review

WIRE MANAGER NOTIFICATIONS

The following information is to be completed by the client. (User contact data for notifications on Wire transfers)
Two emails required when possible

Notification Type (What information user will receive)

Email Address: _____ ☐ Confirmation ☐ Error ☐ Template Review

Email Address: _____ ☐ Confirmation ☐ Error ☐ Template Review

Email Address: _____ ☐ Confirmation ☐ Error ☐ Template Review

Email Address: _____ ☐ Confirmation ☐ Error ☐ Template Review

Email Address: _____ ☐ Confirmation ☐ Error ☐ Template Review

Email Address: _____ ☐ Confirmation ☐ Error ☐ Template Review

Email Address: _____ ☐ Confirmation ☐ Error ☐ Template Review

Client Authorization Submission and Approval

_____
Authorized Signature

_____
Name

_____ ____ /____ /____
Title   *Date*