



BUSINESS ONLINE BANKING AUTHORIZATION FORM

Business Online Banking allows view and transfer functionality of all available accounts plus access to view account balances, transactions, check images and account statements, and initiate stop payments.

Account Type: New Business Online Banking User Existing User Modification

A. COMPANY INFORMATION

Company Name:

Street Address:

City:	State:	Zip:
<i>Company's Primary Administrative User (This individual will be responsible to add/delete users.)</i>	Name:	Administrator's E-mail <u>and</u> phone number:

<i>OPTIONAL: Company's Secondary Administrative User</i>	Name:	E-mail <u>and</u> phone number:
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B. ACCOUNT INFORMATION

Please identify all of the accounts that you wish to access through Seaway Bank and Trust Company Business Online Banking.

Account Number	Account Description <i>Nickname (Example: Payroll)</i>	Access Type	
		View Only	View & Transfer
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>

Additional Services: Bill Pay – Designate Primary Account for Bill Pay:

C. COMPANY ADMINISTRATION INFORMATION

The designated company administrator will have access to all functions of Seaway Bank and Trust Company Business Online Banking in order to add other employees to the system. The company administrator will be able to set up access for other company employees from his/her PC. The company administrator will be notified by secured email of the Company ID, User ID and Password when Seaway Bank and Trust Company has established the online banking account. The Company ID, User ID and Password are case sensitive.

PROVIDE AUTHORIZED SIGNATURES BELOW

We acknowledge that the following signatures represent authorized signers to the accounts listed above, and we agree to be bound by the terms of the Deposit Account Agreement. Further, we acknowledge that using the **Bill Pay feature within Business Online Banking may be an exception to any dual signature requirement for printed checks established by us for this account.** It is our responsibility to notify Seaway Bank and Trust Company immediately in writing regarding any changes in authorized signers or in the Company Administrator for Business Online Banking, and we agree to be liable for any losses which may be caused by our failure to do so.

Print Name: Title: Date:	Print Name: Title: Date:
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Please return this Authorization Form by secured email to ebanking@seawaybank.us or return to the nearest branch. If you have any questions, please call **Melanie Burns 773.420.5194** or **Evette Willis 773.602.4857**.

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