

For office use only Company ID: _____ Tax ID: _____

DIRECT BUSINESS INTERNET BANKING APPLICATION

If this application is approved by the Bank, the Applicant agrees to be bound by the terms and conditions of the service that accompany its User IDs/Login IDs and Password. If the applicant does not agree to those terms, he/she will not access the service and will immediately notify the Bank in writing at the address shown on this application.

Business Account Name	Company Tax ID	Primary Checking Account Number
Parent Company (If applicable)		Additional Account Number
Primary Contact (Must be signer on accounts) Last Name	First Name	Additional Account Number
Office Address (P.O. BOXES are accepted)	City	State, Zip
Office Phone	Secondary Phone	Office Fax
Authorized Signer (Print Name)		Authorized Signer (Signature)
		Date

Email Address is required - (Print Clearly). Application will not be processed without an email address.

CHECK HERE TO ENABLE YOUR ACCOUNT FOR BILL PAY. FEES MAY APPLY.

ACCOUNT LIST

List all Accounts which you would like to access via Direct Business Internet Banking. All applicable fees will be automatically withdrawn from the account designated as the billing account.

Account Number	Account Type						Billing Account	Business or Personal
	Checking	Savings/ Money Market	Credit Card	CD	IRA	Loan	(check only one, must be a checking account)	(circle one)
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B / P
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B / P
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B / P
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B / P
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B / P

Use an additional blank page if more space is needed to list accounts.

USERS

List all individuals you would like to have access to accounts via Direct Business Internet Banking, and create a unique User ID/Login ID and temporary password for each. As an added security measure, you will be asked to change your Temporary Password the first time you log in.

Name	User ID/Login ID	Temporary Password	CSA*
	(Must be between 4-12 characters with NO special characters)	(Must be between 8-12 characters with NO special characters and at least ONE DIGIT and ONE LETTER)	(Need at least one)
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

* A Company System Administrator (CSA) will have the ability to control the access granted or "entitlements" for each user. You may select more than one CSA. The CSA must be a signer on the account.

Please keep a copy of this application for your records, as you will need this information to log in once your enrollment is completed. The enrollment process takes approximately 3-4 business days. If you have any questions, please e-mail cbtquestions@calbt.com or call Direct Business Internet Banking at (877) 650-0095. You may also contact your branch of account.

For official use only



Date Received:	Branch Representative Name:	Branch Number & Telephone Number:

To protect the privacy of your personal information, moisten all glue strips, fold application and press firmly.