

Range Bank

Business Internet Banking Application

Service Requested (please select all that apply)

- Internet Banking
- Bill Pay
- Cash Management
 - Bill Pay
 - Payroll
 - ACH payments
 - Wire Transfers

Account Holder Information:

Company Name	Tax ID
Street Address	City State Zip
Contact Name	Title
Business Phone Number	Email Address

ACCOUNTS DESIGNATED FOR INTERNET ACCESS

Please write the account number of each account you wish to access through the Internet Banking system. You may also add a descriptive name for your use (i.e., Operating, Payroll, Money Market).

Account Number	Description	Type
Account Number	Description	Type
Account Number	Description	Type
Account Number	Description	Type
Account Number	Description	Type
Account Number	Description	Type

INTERNET BANKING SYSTEM ADMINISTRATOR

Please designate a system administrator who will be given full access to all accounts listed above. The system administrator will have full administrative rights and will designate what level of access will be given to each user. You may assign these administrative rights to more than one user.

System Administrator

SSN

System Administrator

SSN

SERVICE AGREEMENT

By signing below: (1) I/We will be bound by the terms and conditions of the financial institution's Depository Agreement which the financial institution may amend from time to time. (2) I/we understand that the passwords issued can be used to withdraw funds from the account(s) and that I/we must safeguard all passwords. I/we authorize the financial institution and its agents to follow any instructions transmitted by use of these passwords, and agree to be bound thereby. (3) I/we authorize the financial institution to disclose information about any of my financial institution accounts to third parties (including Payees) in order to complete transactions using Internet banking. I/we also authorize my Payees to disclose to the financial institution and/or its agents information regarding my account(s) with such Payees in order to complete transactions using Internet banking, including resolving questions regarding such transactions.

Account Holder or Authorized Signer

Date

Account Holder or Authorized Signer

Date

I/we, by signature above, certify that everything that has been stated in this application and on any attachments is correct. The financial institution is authorized to retain this application whether or not it is approved. By completing and submitting this form, I/we accept the terms and agreements outlined in the Electronic Fund Transfer Act Disclosure. I/we understand that a user ID and temporary password will be issued to me/us within 72 hours of receipt of this application. I/we must change the temporary password(s) to private password(s) the first time I/we log on to the Internet Banking system.