



COMMUNITY BUSINESS BANK

BUSINESS ONLINE BANKING REGISTRATION FORM

(Please Print or Type Your Information.)

Business Name: _____ TIN#: _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address (if different): _____

Phone: _____ Main E-mail: _____

(1) Authorized Signer: _____ Title: _____

SSN: _____ Mother's Maiden: _____ (For Bank Verification)

(2) Authorized Signer: _____ Title: _____

SSN: _____ Mother's Maiden: _____ (For Bank Verification)

(3) Authorized Signer: _____ Title: _____

SSN: _____ Mother's Maiden: _____ (For Bank Verification)

(4) Authorized Signer: _____ Title: _____

SSN: _____ Mother's Maiden: _____ (For Bank Verification)

By signing this form, I understand that it is my responsibility to safeguard my Internet Online electronic password(s) from unauthorized users; to keep my password(s) and account number(s) separate to prevent unauthorized access; and to change my respective password(s) periodically. I will report immediately to Community Business Bank suspected unauthorized use. I acknowledge receipt of Community Business Bank's most recent Disclosure entitled "Important Information About Deposit Accounts" and agree to the account regulations specified in this Disclosure.

Signature(s) of Authorized Signers – Each Authorized Signer must sign.

X _____ X _____ Date Date
X _____ X _____ Date Date

For Bank Use Only: Received By: _____ Date: _____
Port #: _____ Activation Verified By: _____ Date: _____

Sauk City: 1111 Sycamore Street ■ 608.643.6300 Fax 608.643.5444
Lodi: 807 North Main Street ■ 608.592.7788 Fax 608.592.5518

MEMBER FDIC

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