

**METUCHEN SAVINGS BANK**  
**BUSINESS ONLINE BANKING APPLICATION**

**BUSINESS INFORMATION:**

Name

Tax ID Number

Street Address

City/State/ZIP

Telephone Number

**SIGNER INFORMATION:**

**Note: Businesses requiring more than 1 signature for withdrawal cannot apply for Online Banking.**

Name 1

Title

Contact Telephone Number

Name 2 (if applicable)

Title

Contact Telephone Number

**ACCOUNT INFORMATION** (Only accounts listed below will be accessible thru Online Banking):

Checking No.:	_____	Bill Pay
Checking No.:	_____	Bill Pay
Statement Sav No.:	_____	Type
Other Account No.:	_____	Type
Loan No.:	_____	Type

**AUTHORIZATION:**

I am applying to subscribe to Online Banking services and authorize Metuchen Savings Bank and any third party acting on the Bank's behalf, to serve as my agent in processing payments to targeted accounts pursuant to my payment and transfer instructions and; I authorize the Bank to post such payments and/or transfers to the designated account(s). I understand that I may not make certain payments and/or transfers if sufficient funds are not available in the designated account. This authorization is in force until revoked by me, or the Bank, in writing and is subject to the Service Terms and Conditions disclosure which was provided to me at the time of this application.

\_\_\_\_\_  
Signature / Date

\_\_\_\_\_  
Signature\* / Date \*Required if Multiple Authorized Signers

**For help in completing this form, call the Customer Service Help Line 1-888-675-2269.**

<b><u>BANK USE ONLY</u></b>	Record #:
Application Date:	Setup Date:
Verified By:	Setup By: