

For your own protection, please do not email this application.



333 E. Main
Midland, MI 48640-0231
866-804-4592
eBanking@chemicalbankmi.com

Basic eBusiness Application

Deliver your completed/signed application to your local branch for verification and approval:
****Please do not email this application with your private information.****

- New eBusiness Customer/Company
 Change an Existing eBusiness Customer/Company-- Company # _____
 Add/Remove Accounts (only need to complete Merchant Info, Accounts & Certification)
 Change Admin (only need to complete Merchant Info, Company Admin & Certification)

* Indicates Required Fields

*MERCHANT INFORMATION

*Legal Name of Business			DBA (Doing Business As) Name		
*Mailing/Billing Address			*Location Address		
*City	*State	*Zip	*City	*State	*Zip
*Federal Tax ID # or Social Security #		Website Address			

*COMPANY DEFINED SYSTEM ADMINISTRATOR INFORMATION

*Company Administrator/Contact Name		Administrator Authorities:
*Business Phone (urgent)		<ul style="list-style-type: none"> Assigns Users & associated rights; view reports and history for all users Reset company user lockouts; Change information;
Fax Number		
*Admin ID: (1 st Initial+last name; 4-14 char)	*Email Address	*Administrator's Signature (for future request verification)

*PLAN/SERVICES SELECTION

<input checked="" type="checkbox"/> BASIC Services	View account & transfer money	FREE
<input type="checkbox"/> Bill Pay Service <small>Enable for online registration</small>	Primary Funding Acct: <small>Additional funding accounts can be added after activation is completed to Pay Bills Online.</small>	10 Free payments (\$.55 for each one after)

ACCOUNTS (enter the Chemical Bank accounts to which the Company desires Internet access)

	Account #	Type
*Primary Account/Service Charge Information: NOTE: All fees associated with requested services will be debited from the Primary Account on the first business day of each month.		
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Time Deposit <input type="checkbox"/> Loan
Additional Accounts:		
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Time Deposit <input type="checkbox"/> Loan
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Time Deposit <input type="checkbox"/> Loan
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Time Deposit <input type="checkbox"/> Loan
<input type="checkbox"/> See attached instructions for additional accounts		

*CERTIFICATION, PERSONAL GUARANTY & AGREEMENT

Additionally, The undersigned authorized representative(s) hereby certifies that their company resolution(s) allow for them to enter into this agreement on behalf of their company and as such: (a) The organization assumes all responsibility for maintaining the confidentiality of the Password issued in connection with the eBanking service and for access obtained through eBanking to the organization's deposit or other accounts (if any) also accessible through the eBanking service. (b) The individual signing below certifies that the resolutions have been validly adopted and are in full force and effect and that the above information is true and correct. (c) For eBanking Services, you will receive important information electronically on our website (eBanking Service Agreement & Electronic Disclosure is available anytime on the eBanking Information web page. - We may provide changes to the disclosure, agreements or services offered electronically in the future. - To receive this information you will need a computer with Internet access and an email address. - Information can also be requested by using secure email from within eBanking or by contacting 1-866-804-4592)

Merchant: By _____ Date _____	By _____ Date _____
(Merchant Principal or Corporate Officer Signature)	(Merchant Principal or Corporate Officer Signature)
_____	_____
(Print Name)	(Print Name)

SALES/BRANCH REPRESENTATIVE INFORMATION:

Branch Name	Branch #:	Fax #
Branch Rep Name		Phone #
Treasury Mgmt Name		Phone #

FOR BRANCH USE ONLY: COLLECT ALL CHECKLIST ITEMS BELOW AND FAX TO EBANKING (989)633-3800

<input type="checkbox"/> Completed eBusiness Banking Application	<input type="checkbox"/> Municipalities-a Board Resolution or Proof of Empowerment is required.
<input type="checkbox"/> Copy of "Business Account Resolution"	<input type="checkbox"/> All accounts are linked under the company in Bankway
<input type="checkbox"/> Copy of signature cards for all accounts listed	<input type="checkbox"/> Exception approval to have both commercial & personal or multiple commercial accounts under a single application attached
<input type="checkbox"/> Signatures match attached Current Resolution OR Sig Cards (ALL signers on accounts)	<input type="checkbox"/> If Application is Faxed; Send Original Signed Application to e-banking (Marked ORIGINAL)