



# LGB ONLINE BANKING ENROLLMENT FORM

(FOR BUSINESS PURPOSES ONLY)

## ACCOUNT OWNER/SIGNER INFORMATION

Please provide information for each account owner or signer on an account(s) that will need an Access ID created for LGB Online Access.

Business Name <input type="checkbox"/> Corporation <input type="checkbox"/> For profit <input type="checkbox"/> Not for profit <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other	Taxpayer ID Number <input style="width:100%;" type="text"/>
County and State of Business <input style="width:100%;" type="text"/>	Business Address <input style="width:100%;" type="text"/>
Checking Account Number Number of Access Codes and Passwords Requested: _____	City                      State                      Zip Code <input style="width:100%;" type="text"/>
	Business Telephone Number <input style="width:100%;" type="text"/>
	Business Fax Number <input style="width:100%;" type="text"/>
	http://www. <input style="width:100%;" type="text"/>
	Business Website Address <input style="width:100%;" type="text"/>

### Name of Employees needing access:

NAME	ACCESS LEVEL
	<input type="checkbox"/> View Only <input type="checkbox"/> Transfers
	<input type="checkbox"/> View Only <input type="checkbox"/> Transfers
	<input type="checkbox"/> View Only <input type="checkbox"/> Transfers
	<input type="checkbox"/> View Only <input type="checkbox"/> Transfers
	<input type="checkbox"/> View Only <input type="checkbox"/> Transfers
	<input type="checkbox"/> View Only <input type="checkbox"/> Transfers

**Signatures:** By signing below, you are requesting the described services and agree to the terms and conditions governing the service, including any fees and charges. The undersigned agree(s) that all information is accurate and authorizes the financial institution to verify creditworthiness and employment history by any necessary means, including preparation of a credit report by a credit reporting agency.

Signature & Title	Date	Signature & Title	Date
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**Deliver Enrollment Form to: Lumbree Guaranty Bank, 403 East Third Street, Pembroke, NC 28372**

### FOR LUMBEE GUARANTY BANK USE ONLY

DATE:	<input style="width:100%;" type="text"/>	SEPARATE AUTHORIZATION ON FILE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
PROCESSED BY:	<input style="width:100%;" type="text"/>	APPROVED	DECLINED