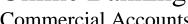
Online Banking Application Commercial Accounts





Date: E-n	nail Address:	
Account Owner:	Accessible Account	s:
(Account Owning Entity)		
(Tax ID Number)		
(Address)		
(City) (State) (Zip Code)		
(Phone)		
Authorized User	Capacity/Title	
User Authorized for: Account Inquiry Bill Pay	Transfers	Stop Payments
Authorized User	Capacity/Title	
User Authorized for: Account Inquiry Bill Pay	Transfers	Stop Payments
(Authorized Account Owner) (Title	e)	_
Bring this application into our banking location	on, fax or mail it to:	Connections Bank P.O. Box 380 Platte City, MO 64079 FAX: 816-858-2851
Before using Online Banking, users must first agree to the and Disclosure Statement which is displayed when first log		
Date Received: User Received by: ID/P	ID:assword Provided:	