

# Centric Bank NetTeller Internet Banking Application

## FOR BUSINESS ACCOUNTS

Please return this form to any Centric Bank branch, fax to (717) 657-5036, or mail to PO Box 62090, Harrisburg, PA 17106.

New Application     Include Bill-Pay    **OR**     Update NetTeller # \_\_\_\_\_

Include Cash Management with ACH Control *(Requires additional documentation. Contact branch for details.)*

Include Cash Management with Wire Control [PIN: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ ] *(Requires additional documentation. Contact branch for details.)*

### Customer Information

Business Name: \_\_\_\_\_ Employer ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### Account Information

Please list all accounts on which you are an authorized signer and would like to access online.  
Please choose a label for each account (for example: "Payroll Account," "Checking," "Money Market," etc.).  
*You are not limited to the number of accounts that can be viewed online. If you need to list more accounts, please print additional copies of this form.*

Allow me to make transfers between my business accounts.

Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_ Label: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_ Label: \_\_\_\_\_

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Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_ Label: \_\_\_\_\_

By signing below, you are accepting and agreeing to the attached Online Agreement.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Receiving: \_\_\_\_\_ Branch: \_\_\_\_\_ Date: \_\_\_\_\_

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