

# SOYBANK DIRECT

## ONLINE BANKING ENROLLMENT REQUEST

<b>Business Name</b> A separate Enrollment Request should be used for EACH user	Business Name:		User Name:	
	Business Address:		City, State, Zip:	
	Business Phone:		Fax:	
	Tax ID Number:		Email Address:	
	Security Question and Answer (i.e. mother's maiden name, birth city, etc)			
<b>Account Information</b>	Account Type:	Account Number:	Account Nickname:	
<b>Hours of Access</b>	<input type="checkbox"/> Monday-Friday 8:00am-5:00pm <input type="checkbox"/> 24/7			
	<input type="checkbox"/> Monday-Saturday 8:00am-5:00pm <input type="checkbox"/> Other			
<b>Transaction Type</b> Choose the plan that's right for you	<input type="checkbox"/> <b>Silver</b> (no charge) <ul style="list-style-type: none"> <li>* Account Transfers</li> <li>* Stop payment</li> <li>* Balance inquires</li> <li>* Loan payments</li> <li>* E statements</li> </ul>		<input type="checkbox"/> <b>Gold</b> (\$25) <ul style="list-style-type: none"> <li>* Account transfers</li> <li>* Direct Deposit payroll processing</li> <li>* Fund transfers (other institutions)</li> <li>* ACH Agreement required</li> <li>* E statements</li> </ul>	
<b>Transfer Set-Up</b> Enter exact account numbers and monetary limits	From:	To:	Limits	Tax Payment? YES
				<input type="checkbox"/>
				<input type="checkbox"/>
<b>Authorization</b> Authorized account owner(s) must sign this Enrollment Form	1. Name: <i>Please PRINT</i>	Date:		
	Signature:			
	2. Name: <i>Please PRINT</i>	Date:		
	Signature:			
	3. Name: <i>Please PRINT</i>	Date:		
Signature:				

Supported Browsers: WINDOWS:  
 Microsoft Internet Explorer 7.0 or higher  
 Mozilla Firefox 3.6

MAC:  
 Mozilla Firefox 2.0

P:\SBA SBD\ENROLLMENT.DOC

FOR SOY CAPITAL BANK USE ONLY:

REVISED 09/10

Bank CSR/Lender Name	Branch #	Date	Port #
Username:		Password:	