



***eCorp* Enrollment Form**

**General Company Information**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tax ID Number \_\_\_\_\_

**Contact Information**

Contact Name \_\_\_\_\_

Contact Phone # ( ) \_\_\_\_\_ Contact Fax # ( ) \_\_\_\_\_

Contact Email Address \_\_\_\_\_

**Account Numbers and Account Name**

Account Number

Account Nick-Name (to differentiate between accounts)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Select specific account transfers that you would like to authorize. If you would like to authorize transfers between all of your Kinderhook Bank online accounts, print "All" in the sections below:

**Transfers**

From and To Accounts (123456 to 654321)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed By: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signer \_\_\_\_\_

Date: \_\_\_\_\_



### Employee Authorization

The following information is to be completed by the client for each employee who will be authorized to have access.

Company Name \_\_\_\_\_

Employee Name \_\_\_\_\_

Email address \_\_\_\_\_ Employee's Phone # (\_\_\_\_) \_\_\_\_\_

Last 4 digits of SSN \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_ City/State of Birth \_\_\_\_\_

Security: Access ID \_\_\_\_\_ (maximum 19 characters)

Level of Access:  Administrator  Employee

<b>Authorized Access Times:</b>	Access Day	Begin Time	End Time
	Monday	____:____	____:____
	Tuesday	____:____	____:____
	Wednesday	____:____	____:____
	Thursday	____:____	____:____
	Friday	____:____	____:____
	Saturday	____:____	____:____
	Sunday	____:____	____:____

Maximum Access, 24 hours a day, 7 days a week

Accounts to be Accessed by Employee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional information: (Note here any additional access restrictions or instructions)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authority to Perform:**

- Inquire Only (Required)
- Stop Payments
- Internal Transfers

ACH Origination (direct deposit of payroll)

**Additional agreement required**

Bill Payment

**Approval Required for:**

*(if 2 or more users)*

- Stop Payments
- Internal Transfers

ACH Origination (direct deposit of payroll)

Bill Payment

Completed By: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signer: \_\_\_\_\_

Date: \_\_\_\_\_