



On-Line Banking Department Only	New
Keyed _____ / /	Change
Verified _____ / /	Delete

BUSINESS BANKING ENROLLMENT FORM (1) – PRIMARY ADMINISTRATOR

For help completing this form, please contact the On-Line Banking Department at (717) 896-5399

*Required Fields

*Company Name: _____ Date: _____

*Address: _____

*City, State, Zip Code: _____

*Tax ID Code (EIN Number): _____ *Business Phone Number: () _____

Primary Administrator (Can add/delete/change employee access and unlock other users,etc)
(Each company must set up one Primary Administrator who will be able to set up any additional users.)

Delete Current Primary Administrator – Name: _____

*Primary Administrator’s Name: _____ *Last 4 of SSN: _____

*E-Mail Address: _____

*Business Phone: () _____ Ext. _____ Mobile Phone: () _____

Choose User Log In ID (Usercode): PA _____ (Min: 5 characters; Max: 16 characters)

*Favorite Teacher or Childhood Friend: _____

*****If Bill Pay or E-Statement access is requested, please complete separate enrollment forms.*****

EMPLOYEE ACCOUNT ACCESS

List all accounts and check (x) the desired online access requested for the above online banking user.

By default, each account listed below will be provided View and Export.

(Export provides capability to export to Quicken, Quickbooks, etc)

Account Number	Acct Type (CHK, SAV, LN, CD)	Account Nickname	Mobile Deposit	Internal Transfers In (Credit)	Internal Transfers Out (Debit)	Stop Pays

Authorized Signature 1 (Per Resolution)

Printed Name

Date

Authorized Signature 2 (Per Resolution)

Printed Name

Date

Authorized Signature 3 (Per Resolution)

Printed Name

Date

Return completed forms to: Mid Penn Bank, Operations Center – OLB, 894 North River Road, Halifax PA 17032 or Fax to: 717-896-5418