



Client Identification Information			
Business Name*:		TIN/EIN:	
Address:		City:	
State:	Zip:	Telephone Number:	
E-Mail (Required):		Fax Number:	

*If you wish to access two or more businesses with Online Business Banking please specify those in the Account Number section. Please note that the businesses must share a common **Owner** and **Account Administrator**.

List the account number & type for each account. Refer to our *Business Online Banking Agreement* regarding the restrictions associated with each type of account. Attach additional pages if necessary.

Account Number	Business Name	TIN/EIN	Select Account Type
			Checking <input type="checkbox"/> Savings <input type="checkbox"/> Time Deposit (CD) <input type="checkbox"/> Loan/Line of Credit <input type="checkbox"/>
			Checking <input type="checkbox"/> Savings <input type="checkbox"/> Time Deposit (CD) <input type="checkbox"/> Loan/Line of Credit <input type="checkbox"/>
			Checking <input type="checkbox"/> Savings <input type="checkbox"/> Time Deposit (CD) <input type="checkbox"/> Loan/Line of Credit <input type="checkbox"/>
			Checking <input type="checkbox"/> Savings <input type="checkbox"/> Time Deposit (CD) <input type="checkbox"/> Loan/Line of Credit <input type="checkbox"/>
			Checking <input type="checkbox"/> Savings <input type="checkbox"/> Time Deposit (CD) <input type="checkbox"/> Loan/Line of Credit <input type="checkbox"/>

Business Banking Services (Choose all that apply):		
<input type="checkbox"/> ACH (Additional agreement required)	<input type="checkbox"/> Quicken	<input type="checkbox"/> Microsoft Money
<input type="checkbox"/> Bill Pay	<input type="checkbox"/> Wire	

Account Administrator Information – Please attach additional copies of this page to have more than one Account Administrator.

The **Account Administrator(s)** is a representative of the business who will have the authority to manage the Client's accounts online and may authorize other staff members to access and/or manage the accounts as the Client's agent. This person is typically an employee of the business and may or may not be an owner or a member of management.

Account Administrator – Signature* Account Administrator – Print Name Date

**By performing transactions on the Online Banking service, you indicate that you have read, understand, and agree to the rules and provisions addressed in the Business Online Banking Agreement.*

Choose a Sign-On ID

The **Account Administrator** must choose three possible Sign-On IDs. Please use at least six characters. We will try to accommodate your choices in order. If we are unable to use your Sign-On ID, we will assign you one.

Please check here if your first choice is your existing Sign-On ID.

Sign-On ID #1 (Please Print)	Sign-On ID #2 (Please Print)	Sign-On ID #3 (Please Print)

Client Authorization

The undersigned are all of the directors, officers, owners, principals, or other authorized individuals of the business organization specified above (the "Client"). The Client has received the South Valley Bank & Trust's Business Online Banking Agreement, and, if applicable, the ACH agreement and agrees to adhere to the Agreement as amended from time to time, any applicable User Documentation, set-up forms and related documents and other disclosures provided to the Client with regard to the provision of one or more online banking services from South Valley Bank & Trust ("Bank"). The

services we offer are covered by the Agreement and may change from time to time. The Agreement constitutes a separate agreement between the Client and the Bank, effective when the Bank provides any Service. Capitalized terms used in this Authorization form, not otherwise defined, have the meanings given to them in the Agreement.

After signing below, the Client may, from time to time, through its Account Administrator(s), request the Bank to provide any of the Services described in the Agreement. The Client may begin to use any such Service, subject to the Bank's approval, once the Bank has received from the Client all required and properly executed forms and the Client has successfully completed any testing or training requirements. The Agreement supersedes other agreements between the Client and the Bank, as described in the Agreement, with regard to the provision of services.

Each of the undersigned warrants that the Client has taken all action required by its organizational or constituent documents to authorize the execution and delivery, on behalf of the Client, this Authorization form and any other documents the Bank may require with respect to a service provided under the Agreement. Each of the undersigned now authorizes the Account Administrator(s) named above, and any replacement Account Administrator(s) they may appoint, to enter into all transactions contemplated by the Agreement.

Each of the undersigned acknowledge that under the terms of the Agreement, the Client's Account Administrator(s) has the sole authority to manage the Client's accounts and may authorize other staff members to access and/or manage the accounts as the Client's agent. The Client's Account Administrator(s) will determine the administrative rights of the Client's staff members, which may include permission to perform any one or any combination of the following activities:

- **ACH Activities (additional agreement required)** • **Wire Transfers**
- **Manage Users** • **Manage Accounts** • **Bill Payment** • **Microsoft Money** • **Quicken**

The Client acknowledges such Account Administrator(s) rights and the Client's obligation to supervise the Client's Account Administrator's activities. The Client also agrees to be responsible for any losses resulting from the acts or omissions of the Client's Account Administrator(s) or anyone authorized by the Client's Account Administrator(s) to act on the Client's behalf. The Client agrees to indemnify, defend and hold the Bank harmless from any loss we may suffer or expense we may incur, including attorney's fees and costs, whether or not suit is initiated, as a result of any act or omission of the Client's Account Administrator(s) or anyone authorized by the Client's Account Administrator(s) to act on the Client's behalf.

It is the Client's responsibility to advise the bank in writing if the Client changes the Account Administrator(s). Such notice will be effective after the bank has received the Client's notice and has had a reasonable amount of time to act on it.

ACKNOWLEDGEMENT BY OWNERS, PRINCIPALS, OFFICERS, &/or DIRECTORS: (Attach additional signature sheets if necessary)

Name (Print):		Title:	
Signature of Business Owner/Officer*:	SIGN HERE	Date:	
Name (Print):		Title:	
Signature of Business Owner/Officer*:	SIGN HERE	Date:	
Name (Print):		Title:	
Signature of Business Owner/Officer*:	SIGN HERE	Date:	

- ◆By performing transactions on the Online Banking service, you indicate that you have read, understand, and agree to the rules and provisions addressed in the Business Online Banking Agreement.
- ◆It is the responsibility of the Account Administrator to create, edit, and delete (i.e.; manage) any users set up within their Business Online Banking Agreement.

Please return this completed application to your nearest branch or mail it to:
South Valley Bank & Trust, Attn: IS Department
PO Box 5210
Klamath Falls, OR 97601

Internal Use Only	
Employee Name	
Branch/Location	