



Watertown Savings Bank



111 CLINTON STREET - WATERTOWN, NY 13601 315-788-7100

Online Banking Business Application

Business Name: _____

Tax ID No: _____ Business Phone No.: _____

THIS ONLINE BANKING WILL HAVE VIEW ONLY ACCESS

Administration: Please identify the company representative who will serve as your Online Banking Administrator

Name: _____

Email Address: _____

Phone Number: _____

NOTE: For security reasons, if you terminate or change your administrator, you must notify the bank immediately.

ACCOUNT INFORMATION:

List all accounts your company would like to access via Account Access Online Banking. Also list a descriptive name for each account selected. Watertown Savings Bank will not pass account numbers over the internet. The Bank will identify the accounts using the descriptions selected. Descriptions may have up to 20 characters including blanks. Do not repeat descriptions or use special characters such as apostrophes and dashes. (Examples: checking, savings, payroll account, line of credit, etc.).

Account Number(s)

Account Description

DISCLOSURES:

ONLINE BANKING BILL PAYMENT: I authorize my financial institution to post transactions generated by personal computer from the Online Bill Paying Service to the vendor that I request. I understand I am in full control of my account. If at any time I decide to discontinue service, I will provide written notification to Watertown Savings Bank. My use of Online Bill Pay signifies I have read and accepted all the terms and conditions of Watertown Savings Bank Account Access Online Banking Agreement.

I understand payments may take up to 10 days to reach the vendor and they will be sent either electronically or by check. Watertown Savings Bank is not liable for any service fees or late charges levied against me. I also understand I am responsible for any loss or penalty that may occur due to lack of insufficient funds or other conditions that may prevent the withdrawal of funds from my account.

ELECTRONIC STATEMENTS AND ELECTRONIC DOCUMENT DELIVERY SERVICE (Edocs): I authorize Watertown Savings Bank to provide the following information to me electronically: periodic statements; annual percentage yields; fees and other terms of our deposit account(s); change-in-term notices; other notices/documents I have selected; and all other periodic marketing materials. If you currently receive images of your checks with your statement, they will be included with your eStatement.

I understand I must log onto my Online Banking Account and accept the terms of the electronic disclosure. Once I agree to these terms I understand I will no longer receive statement(s)/documents via traditional mail for the account(s) and document type(s) I have selected.

I understand if I do not accept the terms of the electronic disclosure when I log onto my Online Banking, I will continue to receive my statements via traditional mail.

I (we) certify the information provided is true and correct. I (we) authorize Watertown Savings Bank, to verify any information included in this application and allow me (us) access to all accounts listed above. The use of WATERTOWN SAVINGS BANK'S ACCOUNT ACCESS ONLINE BANKING shall be governed by the printed terms and conditions of the ACCOUNT ACCESS ONLINE BANKING AGREEMENT and DISCLOSURE and such other terms and conditions or amendments thereto, as may be established by Watertown Savings Bank.

THE UNDERSIGNED AGREES TO THE SAME TERMS STATED ON THE ABOVE,

Name of Authorized Signer: _____ Date: _____

(SIGNATURE)

FORM MUST BE SIGNED BY AN AUTHORIZED SIGNER ON ALL OF THE ACCOUNTS LISTED ABOVE

Please return form to: **Watertown Savings Bank**
Attn: Deposit Operations Dept.
111 Clinton St.
Watertown, NY 13601