

eBusiness Services Description and Applications

Centinel Bank of Taos is pleased to offer our **eBusiness Services** to our business customers.

eBusiness Services provide our customers innovative products, a high standard of service and competitive pricing.

Please select those services you are interested in applying for:

- eAccounting (ACH origination)** - Electronically pay vendors, collect payments from both consumers and businesses and electronically manage payroll.
- eDeposit (Remote Deposit Capture)**- Scan checks at your desktop and deposit online, including after hours.
- Wire Transfers**- Securely initiate domestic wire transfers online.
- Bill Pay**- Easily pay bills online and schedule one time or recurring payments, including attaching invoice information to payments. If you would like to also pay payroll or collect payments online, see our eAccounting service (above).
- Merchant Services**- Allow your customers to pay you with credit and debit cards, and give yourself protection against payment loss. With CBT Merchant Services you will have the ability to accept all major credit cards with the simplicity of one system.

The following applications are enclosed with this packet:

- 1) eAccounting (ACH Origination) Application
- 2) eDeposit (Remote Deposit Capture) Application
- 3) Domestic Wire Transfer Service Application

Required Documentation

When submitting your application, please provide the following documents to your Customer Service Representative, if applicable*:

- (1) Most recent three months of business bank statements.
- (2) Most current business interim YTD financial statements, including Profit and Loss Statement and Balance Sheet.

More information may be required upon further assessment based on the business type and structure. Centinel Bank will complete an onsite visit and training for eAccounting and eDeposit services.

**If you have an existing loan with Centinel Bank, we may have your required documents already on file. Please ask your Customer Service Representative at 575-758-6700 if you have any questions.*

Required Signatures

Please note that this application and all other eBusiness Services applications must be signed as follows:

CORPORATION, the President or Chairman of the Board or Board resolution allowing authority.

LIMITED LIABILITY COMPANY, all members or managers.

PARTNERSHIP, all general partners.

SOLE PROPRIETORSHIP, the owner.

Additional Services

As an additional service to our business customers, we offer corporate credit cards, lines of credit, business debit cards, international wire transfers and various investment options. Please ask any Centinel Bank employee for applications for these products and services.

www.centinelbank.com 575-758-6700

eBusiness Services Application (page 1 of 2)

Business Information

Business Name	
Ownership type:	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship
TIN #	NAICS Code: _____
Mailing Address	
Physical Address	
Business Phone	
Cell Phone	
Fax Number	
Email	
Date Business Established	
Business Description (What type of services or products does your business offer?)	

Owner Information

	Owner 1	Owner 2
Owner Name		
SSN#		
Mailing Address		
Physical Address		
City		
State		
Zip Code		
Home Phone		
Cell Phone		
Email		
Driver's License No., State Issued/Issued Date/Expiration Date		

User Information

Please list all people you would like to access your eBusiness Services, in order of preferred contact.
For each employee listed below, please provide written authorization to Centinel Bank at least ten days prior to date needed.

Name of User/Title	Authority Level (view only or conduct business)	Daily user limits requested (if eAccounting or eDeposit)	Contact Phone #	9 digit pin (if not provided Centinel will assign)	Email address

At times, Centinel Bank may e-mail you to properly notify you of a transaction. We will never request information from you through an email. Please list two users who can receive email inquiries:
1. _____ 2. _____ Signor approves

Bank Use Only:

CSR: _____ CSR Approved Date: _____ Initials: _____

Written authorization for non-signor employees: 1. 2. 3. 4. 5. 6. 7. NAICS Code: _____

Effective Date: _____ Company Name: _____ New Service Additional Document

eBusiness Services Application (page 2 of 2)

Which accounts would you like to sign up for eBusiness Services? Please select all services you are interested in.

ACCOUNT NUMBER	ACCOUNT NAME	eAccounting*	eDeposit*	WIRE* XFR	BILL* PAY	Merchant Services **
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* If checked, please be sure additional attached Application(s) are completed.** Application available upon request.

Other Services Needed: Please check other services or products you may be interested in:

- | | | |
|--|--|---|
| <input type="checkbox"/> OVERDRAFT PROTECTION SERVICE "OOPS" | <input type="checkbox"/> CORPORATE CREDIT CARDS | <input type="checkbox"/> BUSINESS DEBIT CARDS |
| <input type="checkbox"/> SIMPLE SAVINGS | <input type="checkbox"/> BUSINESS LINE OF CREDIT | <input type="checkbox"/> CERTIFICATE OF DEPOSIT |
| <input type="checkbox"/> MONEY MARKET DEPOSIT ACCOUNT | <input type="checkbox"/> INDIVIDUAL RETIREMENT ACCOUNT | |

Online Business Banking

Your online business banking can be accessed by using your new eCBT ID. Once your application is submitted, your unique eCBT ID will be assigned.

- Bill Pay allows you to easily pay bills online and schedule one time or recurring payments, including attaching information to payments.

Centinel Bank of Taos also offers eStatements, which feature same day delivery. *If you are interested in this service, please select:*

- Please send me my monthly account statements online.

Signatures

Company authorizes Centinel Bank of Taos to implement eBusiness Services in accordance with the instructions on this eBusiness application and agrees to the provisions of the applicable Agreements and the attached fee schedule, as amended from time to time. Each person or entity signing this application authorizes Centinel Bank of Taos to 1) perform initial site inspections and annual audits, 2) obtain credit and employment information about Signer, and 3) obtain credit reports and make inquiries, from time to time, that Centinel Bank of Taos considers appropriate in connection with review of eBusiness Services and any other service listed in this application. Each signor acknowledges that additional information may be required in order to make a final decision to allow services described in this application.

Required signers: This application and all other eBusiness Services applications must be signed as follows: **CORPORATION**, the President or Chairman of the Board or by Board resolution allowing authority. **LIMITED LIABILITY COMPANY**, all members or managers. **PARTNERSHIP**, all general partners. **SOLE PROPRIETORSHIP**, the owner.

Company Name: _____ Title: _____ Signature: _____ Date: _____	Centinel Bank of Taos Name: _____ Title: _____ Signature: _____ Date: _____
--	---

For Bank Use		
<input type="checkbox"/> Relationship Manager:	<input type="checkbox"/> CIP Completed	<input type="checkbox"/> Existing loans with CBT
<input type="checkbox"/> Add to JH System Date: _____	<input type="checkbox"/> Owner 1: Customer since _____	<input type="checkbox"/> Prior loans with CBT
<input type="checkbox"/> Business: Customer since _____	<input type="checkbox"/> Merchant Services? Y/N	<input type="checkbox"/> Owner 2: Customer since _____
<input type="checkbox"/> New Customer? _____ (Y/N)	<input type="checkbox"/> Online access activated	<input type="checkbox"/> eStatements set up (if applicable)
<input type="checkbox"/> Applications for Other Services needed provided to Company	<input type="checkbox"/> eBusiness Services Agreement signed	<input type="checkbox"/> eDeposit: Information needed for velocity analysis?
<input type="checkbox"/> eCBT ID assigned	<input type="checkbox"/> eCBT ID # sent to customer	



eAccounting (ACH origination) Application

Electronically pay vendors and collect payments from both individuals and businesses.

The following information is required for ACH account set up in accordance with the ACH Agreement between Company and Centinel Bank of Taos. All ACH files must be submitted by 4:00 p.m. MST one (1) banking day prior to the Effective Date of the file.

- What functions are you interested in using with ACH? Payroll A/R A/P Tax payments
- Requested daily ACH Credit Limit: _____ Requested daily ACH Debit Limit: _____
(Requested limits subject to review and approval by Centinel Bank)
- What is your average deposit amount per month? _____
- Do you have any deposit accounts at other banks? YES NO
- How many vendors do you pay per month on average? _____
- How many billing cycles do you have per month? _____ What is the typical amount billed? _____

Payor/Payee List

Please provide a list of your top 8 *Payors* and *Payees* (the entities you do business with.) Include payroll, accounts payable and accounts receivable where applicable.

- A. Provide major sales customers or sources of credits to accounts, the frequency of the same and any potential offsets that could result (i.e. charge back of sales)
- B. Provide major vendors to the account or sources of debits.
- C. Please include your largest dollar amounts and most common transactions.

Payor/Payee	Average Dollar Amount	Daily	Weekly	Monthly	Other	Debit	Credit
Example: Payroll	5,500	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Example: ACME Brick	13,000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information Needed:

Centinel Bank has all requested financial information on file.

REQUIRED:

- Most recent three (3) months of business bank statements
- Most current business interim financial statements
(shall include (1) Profit and Loss statement and (2) Balance sheet)

ADDITIONAL: (May be required upon further analysis.)

- Personal Financial Statement for majority owners/principals with an ownership interest of 25% or greater.
- Most recent signed Federal tax return of the business

ADDITIONAL: Sole Proprietors and Partnerships: (May be required upon further analysis.)

- Signed current personal financial statement for each owner/partner
- Signed personal financial income tax return for each owner/partner (all schedules, K-1s and W-2s for last year)

Bank use only:

Effective Date: _____ Company Name: _____ New Service Additional Document

eDeposit (Remote Deposit Capture) Application

Scan checks at your desktop and deposit online, including after hours.

All deposits submitted by 6:00 p.m., MST will receive same day credit!

REQUIRED Equipment/system: Centinel Bank of Taos requires the following of our customers in order for them to be able to use the Remote Deposit Capture product: A password-protected PC computer with a windows operating system, a high speed internet connection, and anti-virus software. Does your business meet this requirement? YES NO
NOTE to Customer: Please install any computer upgrades prior to any Centinel Bank customer service visits to your business.

If you use a wireless connection, is it secured? YES NO (*Wireless connections MUST be secured / encrypted for this product*)
 Do you have paper shredding equipment or do you subscribe to a service? YES NO How often do you shred documents?
 Do you have the ability to lock the door where your bookkeeping computer is located? YES NO

If you answered **NO** to any of these questions, would you be interested in more information about improving your IT security from a Centinel representative? YES NO. If you answer NO here, you may not qualify for our Remote Deposit Capture product.

SCANNER:

Would you like to pay for your scanner in one payment of \$_____ or amortized over 12 months? One payment Amortized
 If you would like to make 12 monthly payments, please specify the account number for automatic debit payments: _____

System Administrator Information:

System Administrator Name: _____ Phone: _____ Email: _____
 Technical Contact Name: _____ Phone: _____ Email: _____ on site not on site

PAYOR LIST

Please provide a list of your top 8 **Payors** (include accounts receivable).

- A. Provide a list of major customers or sources of credits to accounts whose checks you are depositing the frequency of the same
 B. Please include your largest dollar amounts and most common transactions.

Payor/Payee	Average Dollar Amount	Daily	Weekly	Monthly	Other
Example: ACME Brick	13,000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL INFORMATION NEEDED:

Centinel Bank has all requested financial information on file.

REQUIRED:

- Most recent three (3) months of business bank statements
- Most current business interim financial statements (shall include (1) Profit and Loss statement and (2) Balance sheet)
- Most recent Tax Return

ADDITIONAL: (May be required upon further analysis.)

- Personal Financial Statement for majority owners/principals with an ownership interest of 25% or greater.
- Most recent signed Federal tax return of the business

ADDITIONAL: Sole Proprietors and Partnerships: (May be required upon further analysis.)

- Signed current personal financial statement for each owner/partner
- Signed personal financial income tax return for each owner/partner (all schedules, K-1s and W-2s for last year)

Bank use only:

Effective Date: _____ Company Name: _____ New Service Additional Document

Wire Transfer Service Application

Securely initiate domestic wire transfers online.

All wire transfer requests must be submitted by 1:00 p.m. MST for same day delivery.

If you want to set up a recurring wire transfer, you must also sign the Individual Resolution Authorizing Regular Wire Transfer.

Please select a number up to four digits: _____

This will be the first four digits for your recurring wire transfer number, which will be provided to you by your Customer Service Representative once your application has been approved.

What types of payments do you anticipate using Wire Transfers for?

Wire Transfer Assessment

Bank Use Only

CSR: _____

Customer (chosen) fixed number: _____

Regular recurring wire transfer requested

If selected:

Individual Resolution Authorizing Regular Wire Transfer signed.

Customer provided with Recurring Wire Transfer Pass Code form.

Verified Driver's License number:

Approval if over \$10,000* Refer to approval limits Date: _____ Initials: _____

Approval if over \$100,000* Refer to approval limits Date: _____ Initials: _____

CSR Approved Date: _____ Initials: _____

Bank use only:

Effective Date: _____ Company Name: _____ New Service Additional Document

Signature Page for all eBusiness Services/Products

Additional eBusiness Services/Products

Account Number	Account Name	eAccounting*	eDeposit*	Wire* Xfer	Bill* Pay
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note that this application and all other eBusiness Services applications must be signed as follows:

CORPORATION, the President or Chairman of the Board or Board resolution allowing authority.

LIMITED LIABILITY COMPANY, all members or managers.

PARTNERSHIP, all general partners.

SOLE PROPRIETORSHIP, the owner.

Company authorizes Centinel Bank of Taos to implement **all eBusiness Services selected above** in accordance with the instructions on this application and the attached fee schedule and agrees to the provisions of the eBusiness Services Agreement, as amended from time to time.

Company Name: _____	Centinel Bank of Taos Name: _____
Title: _____	Title: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

Company Name: _____	Centinel Bank of Taos Name: _____
Title: _____	Title: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

Company Name: _____	Centinel Bank of Taos Name: _____
Title: _____	Title: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

Additional Signature page attached

Bank Use Only:

- CSR: _____
- All required signatures obtained
 - Master application completed
 - Additional Services completed

