

Payment Solutions Group Internet Banking Enrollment Form

Note: Payment Solutions Group Client Internet Banking access is restricted to "View Only" status. With the exception of password changes for normal business purposes, no other changes may be made to the accounts listed below

Section A- Company Information

Company Name: _____

Company Address: _____

City: _____

State: _____

Zip: _____

Section B- DDA accounts to view (to be completed by Bank)

DDA Account Number: _____ **DDA Account Number:** _____

DDA Account Number: _____ **DDA Account Number:** _____

Section C- Security Question:

As a default for corporate users, the Security Question used to authenticate access for password changes will reference your Tax ID number. Please list your company's Tax ID number in the space below:

Tax ID Number: _____

Section D- Please date, sign, and return this form to your Benefits Administrator to initiate Internet Banking view access:

Access Requested by: _____ **Title:** _____

E-Mail Address _____

(Once the configuration has been completed, the user id and password will be e-mailed to the above.)

By signing this form, I certify that I am authorized by my company to request The Bancorp Bank Internet Banking view-only access. I also certify that any additional individuals that I, as Company Administrator, grant access to view account information will adhere to The Bancorp Bank Internet Banking Terms and Conditions of Use policy and will not disseminate or share the account password(s) with unauthorized personnel. Failure of any person(s) to adhere to The Bancorp Bank Internet Banking Terms and Conditions of Use, Privacy Policy, and Security Policy may result in Internet Banking access revocation.

Signature: _____

Print Name: _____

Title: _____

Date: _____