

## www.bankofoceancity.com

## ONLINE ADVANTAGE BUSINESS ACCOUNT APPLICATION

Please complete all fields:		
<b>BUSINESS INFORMATION</b>		
Business Name:		
Business Tax ID Number:		
Email Address:		
Business Phone:		
Applicant Name:		
PRIMARY CHECKING ACCOUNT INFORM	ATION	
Primary Checking Account Number:		
, ,		
SECURITY QUESTION		
Security question and answer will be used for identification	purposes.	
Year in Which Business Was Established:		
APPLICANT SIGNATURE  I am authorized by appropriate business resolution to apply for Online Advantage. I authorize Bank of Ocean City to charge the primary checking account for any monthly/transaction fee initiated through the use of Online Advantage. I agree to comply with all of the disclosures as they relate to each account. I agree that sufficient funds must be available in the account(s) on the date of scheduled Online Advantage payments or transfers. This authorization will remain in force until revoked by an authorized signer or Bank of Ocean City. I further consent and agree that Bank of Ocean City may provide certain disclosures and notices to me in electronic form, in lieu of paper form, including electronic delivery of statements (e-Statements) for my Bank of Ocean City account(s).  Applicant Signature  Date		
Accepted By	Date	_
		410 722 4046
Completed applications can be delivered or mailed to any of our locations or faxed to: 410-723-4946.		
Bank of Ocean City Use Only		
Transfer online status from old acct #	to new acct #	
Transfer e-Pay status from old acct #	to new acct #	
Account Maintenance Completed By:	Date Completed:	
Caller Maintenance Completed By:	Date Completed:	