

# **PARK STATE BANK**

## ***ParkLine* Banking Application**

Company Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Tax ID: \_\_\_\_\_

Company Contact: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-Mail: \_\_\_\_\_

**Please indicate below which account(s) you would like to access with *ParkLine Banking*, along with a Pseudo name, which may be applied.**

<b>Account Description</b>	<b>Pseudo Name</b>	<b>Account Number</b>	<b>Transfer Ability*</b>

**\* Please list only accounts upon which you have signing authority to allow internet transfers.**

## Company Administrative Authority

Company Administrator: \_\_\_\_\_

Authorized Access to the following:

Transfers	Yes/No _____	Current Day Balance	Yes/No _____
Download	_____	Prior Day Balance	_____
Statement Inquiry	_____	Transaction Range Inquiry	_____
Stop Payments	_____	ACH Processing	_____
Transaction Inquiry	_____	Wires	_____
Allow Bill Pay	_____	Wire Limit	\$ _____

I certify that the information provided is true and correct. I authorize Park State Bank to verify any information included in this application and allow access to all the accounts on which I may be a signer listed above.

The use of *ParkLine Banking* shall be governed by the printed terms and conditions of the *ParkLine Banking* Agreement and Disclosures and such other terms and conditions or amendments thereto, as may be established by Park State Bank.

The Undersigned agrees to the terms stated above,

**Authorized Signature** \_\_\_\_\_ **Date** \_\_\_\_\_