



## Business Online Banking Application

This application is for business customers only.  
Please print form, complete, sign, and return to:

Liberty Savings Bank  
Attn: Operations Department  
2323 Stickney Point Rd.  
Sarasota, FL 34231  
Fax: (941) 953-6006

Service Level 1(basic)     Service Level 2     Service Level 3

*ACH, Wire, and Remote Deposit are available with Level 2 and 3. Please contact your local branch or sales representative for pricing and details.  
Bill Pay – If this service is not used within any 6 month period, it may be temporarily suspended.*

### Company Information

Company Name: _____	Tax ID: _____
Street Address: _____	Room/Floor: _____
City: _____ State: _____ Zip: _____	Phone: _____
Contact: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. _____	Extension: _____
Title: _____ Department: _____	Time Zone: <input type="checkbox"/> Eastern <input type="checkbox"/> Central <input type="checkbox"/> Mountain <input type="checkbox"/> Pacific
Billing DDA: <b>(required)</b> _____	

### Administrator

<p><i>Designate one Administrator who will set up all users. The Administrator can have full access to account information, but it is not necessary. You will receive temporary login information via email for all users added to Business Online Banking.</i></p>	
<p><input type="checkbox"/> Mr.    <input type="checkbox"/> Ms. _____</p>	
<p>Email Address: <b>(required)</b> _____</p>	
Administrator Permission:	<p><input type="checkbox"/> Full Access                      <input type="checkbox"/> View Only</p>

**Accounts**

Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____ Account #: _____ Account Title: _____	Bill Pay Needed?* <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*Bill Pay – If this service is not used within any 6 month period, it may be temporarily suspended.</i>	
Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____ Account #: _____ Account Title: _____	Bill Pay Needed?* <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*Bill Pay – If this service is not used within any 6 month period, it may be temporarily suspended.</i>	
Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____ Account #: _____ Account Title: _____	Bill Pay Needed?* <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*Bill Pay – If this service is not used within any 6 month period, it may be temporarily suspended.</i>	
Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____ Account #: _____ Account Title: _____	Bill Pay Needed?* <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*Bill Pay – If this service is not used within any 6 month period, it may be temporarily suspended.</i>	
Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____ Account #: _____ Account Title: _____	Bill Pay Needed?* <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*Bill Pay – If this service is not used within any 6 month period, it may be temporarily suspended.</i>	

By signing below, you are stating that the information contained in this application is accurate and that you understand that Business Online Banking and any related services may be suspended or terminated if not used within any 6 month period.

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_