

UNITED COMMUNITY BANK

Please complete the following information and drop off at any UCB branch.
We will then contact you to complete your online access.

Business Banking Application

Company Name:

Tax ID#

Company Contact:

Company Phone Number:

Accounts to be accessed:

Business Address

Email Address

***Please check the services you would be interested in using. Please include the dollar limits you feel you will need.**

* __ Transfers

* __ Stop Payments

* __ ACH (payroll)

LIMITS \$ _____

*****ACH contract needed.*****

* __ Bill Pay Default

Account # _____

* __ Tax Deposits LIMITS \$

Must set up with IRS.

* __ Reorder Checks

* __ Wires LIMITS \$ _____

Signature

date

Signature

date

CSR Initials

date