Heartland Bank and Trust Company Online Banking Enrollment or Maintenance

BUSINESS ACCOUNT INFORMATION

A separate Enrollment Request must be used for <u>each</u> company requesting online access.

Name of Business:	Name of Person to Receive ID and Password:		
Address:	**City:**	**State:**	**Zip:**
Tax Identification Number:	**E-mail Address:**		
Day Phone:	**Evening Phone:**	**Create an Inquiry Code***	

* **We will use this code to verify your identity.** (Up to 15 characters available, including spaces.)

ACCOUNT INFORMATION

☐ **Enroll me!** ☐ **I am already enrolled** **Net Teller ID** _____

Online service not used for 180 days will be deactivated for your protection.

☐ **Please add the accounts listed below.** *(Additional accounts may be added on a separate page)*

Account Type:	Account #:	
Please select from list		☐
Please select from list		☐
Please select from list		
Please select from list		
Please select from list		

AUTHORIZATION

If you are an Authorized Signer, and not an owner of an account, the account owner must authorize your online activation for that particular account.

I have read and accept the **Heartland Bank Online Disclosure** and **Electronic Funds Transfer Agreement and Disclosure** accompanying this enrollment form.

_____ _____ Clear Form

Signature of Authorized Signer named above Date

_____ _____

Signature of Account Owner *(if different than Authorized Signer)* Date

Mail to: Heartland Bank • Attn: Electronic Banking Services • 606 S Main St • Princeton, IL 61356

OR Fax to: 815-872-6169 **OR** Drop it at the Heartland Bank office nearest you.

Please keep the disclosures for your records.

If you do not have a printer, you may obtain an enrollment form from any of our offices.

For Heartland Bank Use Only

Retail Banker Reviewed and Approved By: ***Date:*** ***Branch Number:***