

Business Express Enrollment Form									
Business Name Company Tax ID Number									
Primary Contact/Administrator (Name and Title)						Primary Email Address			
Direct Phone Number for Primary Contact (This number may be needed for the Administrator to login to Business Express and will need to be a number where they can always be reached. Mobile number must be listed to enroll in mobile banking)									
Mobile:				k:		Home:			
Address (PO Box not acceptable)									
City			State				Zip Code		
Company Phone Number				Fax Number					
Business Express Options (All plans require a Peoples National Bank Business Checking Account.)									
Small Business View account information; Make internal transfers; Make stop pa				•	nai Bani	Free			
Corporate View account information; Make internal transfers; Make stop Payments, ACH Collections; ACH Tax Payments & Repetitive				Pay bills; AC	CH s)	\$35 per month			
Business Express Account Details									
Balance Reporting & Transactional Information In order to use Business Express, you must have a Peoples Checking Account. Enter in the accounts you want to view and an account description which best describes the function of each account. If you wish to view loan information, include your loan account number.									
	A/C/D*	Peoples Accou Number	Account i		ount D	escription	Bill Pay	Transfer Capability Requested (if applicable)	
Example	Add	0123456789		Payroll (Checking	☐ Yes ☐ No	☐ Yes ☐ No	
Account 1							☐ Yes ☐ No	☐ Yes ☐ No	
Account 2							☐ Yes ☐ No	☐ Yes ☐ No	
Account 3							☐ Yes ☐ No	☐ Yes ☐ No	
Account 4**							☐ Yes ☐ No	☐ Yes ☐ No	
Account 5**	D. D. L.						☐ Yes ☐ No	☐ Yes ☐ No	
*A=Add C=Change D=Delete Customer Authorization									
By signing below, the Customer states that they have reviewed and understand the Business Express Enrollment and the applicable terms and conditions for all the features they have selected as found in the Business Express Service Agreement. Customers using the ACH Service agree that International ACH Entries will not be initiated. The Company represents and warrants that the individual signing below has the all requisite authority to sign on behalf of the Company and that upon signing this Enrollment; the entire Business Express Agreement shall be a binding obligation of the Company. The authorized signor(s) acknowledge receipt of the Agreement and accept and agree to all the terms and conditions stated therein.									
Customer Name (Please Print)				Date Customer Name (F		Customer Name (Plea	se Print	Date	
By: Owner/Authorized Signor				Title		By: Owner/Authorized	•	Title	
Please return to your branch office, fax to 618-241-6646, or mail to Peoples National Bank, attn: Business Express, P.O. Box 908, Mt. Vernon, IL 62864 Bank Use Only Officer Name Fee Ontions Direct Bill Analysis									