



You may complete this form on line before printing.

Glenview State Bank
BUSINESSBankerSM
Business Enrollment Form

Form of Organization: Sole Proprietorship Partnership Limited Partnership
(check one) Corporation Limited Liability Company Other
(Herein referred to as the "Business")

Business Name: Tax Identification No:

Address:
City State ZIP

Phone:

Fax Number:

E-mail address:

Primary Checking Account:

Desired Username:

Level of access requested (CHECK ONLY ONE):
Give Business access to all Glenview State Bank business Accounts on which the Business is the primary or secondary owner. This authorization includes any such Accounts established in the future unless otherwise directed to the Bank in writing.

Give access to the following specified Business Accounts only:

BILL PAY Feature:
Please enroll the Business in the BILL PAYMENT feature. (\$9.95 monthly fee)

I, the undersigned, am _____ of the above named Business and am duly authorized and empowered to act on behalf of the above named Business. By signing below, I acknowledge that the Business has agreed to the terms and conditions of the Glenview State Bank BUSINESSBanker Agreement and Disclosure Statement, as posted on the Glenview State Bank web site (www.gsb.com) and amended from time to time, and authorizes Glenview State Bank to post bill payment transactions to the designated Business Account(s). **I understand that on behalf of my Business, I will receive a temporary pin by mail and agree to change it upon my first use of the Service and thereafter as I believe is warranted.**

NAME OF BUSINESS: _____

Signature Date

By (Print Name): _____ Title: _____

Cell phone: _____

Email Address: _____

Signature must agree to an authorized signature on file for the Business Account(s) identified above.

CERTIFICATION

I, the undersigned, am the Secretary or _____ of the above named Business and hereby certify that the person signing this Business Enrollment Form in the name indicated on behalf of the Business, has been duly authorized and empowered to do so and any and all authorization required under the documents pursuant to which the Business has been duly established.

Signature Date

By (Print Name): _____ Title: _____

Complete and return to:
Glenview State Bank
eGSB
800 Waukegan Rd
Glenview IL 60025 OR
Fax: (847) 832-0160