

PLEASE RETURN THIS FORM TO ANY OFFICE or MAIL TO WINCHESTER SAVINGS BANK  
ATTN: DEPOSIT OPERATIONS, 661 MAIN STREET, WINCHESTER, MA 01890

## Business Online Banking Application

Business Name: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_  
\_\_\_\_\_



Please add the following account(s) to Business Online Banking:

Checking Account #: \_\_\_\_\_

Checking Account #: \_\_\_\_\_

Checking Account #: \_\_\_\_\_

Checking Account #: \_\_\_\_\_

Loan Account #: \_\_\_\_\_

Add Bill Pay: YES or NO (circle one)

**Only authorized signers who will be using Business Online Banking should fill out the information below.**

Name:
Email:
Daytime phone:
Security question and answer:

Name:
Email:
Daytime phone:
Security question and answer:

Name:
Email:
Daytime phone:
Security question and answer:

Name:
Email:
Daytime phone:
Security question and answer:

### All Account Owners Must Sign

By signing below, you are requesting Business Online Banking for the above named person(s). You agree that you have received the Business Online Banking Disclosure and you agree to the terms and conditions of the Business Online Banking, including any fees and charges. You further agree that the information contained in this Application is accurate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FOR BANK USE ONLY

Processed by: \_\_\_\_\_

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