



Business Internet Banking Application

For Bank Use Only

Primary Account:	CIF #:	ESI Auto-enroll:
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Company Information

Company Name			
Contact Person Last Name	First	Middle	
Company Tax ID			
Street Address	City	State	Zip
Primary Phone	Secondary Phone		
Email Address			
* All accounts with the above listed Company Tax ID as the primary Tax ID may be accessed for viewing and transfers through the Internet Banking Service			

Additional Accounts (List additional accounts to be accessed by this banking ID for viewing purposes only – no transfers are allowed to or from these accounts)

Account Number	Account Type	Business/Personal
Account Number	Account Type	Business/Personal
Account Number	Account Type	Business/Personal
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Account Number	Account Type	Business/Personal

Service Information (check all that apply)

Wires*	ACH Origination*	Bill Payment*
* When selected, a GoID Secure Token will be issued and required for access. See Schedule of Fees for additional fees and token replacement charges. If Wire Transfer or ACH Origination is selected, a separate Funds Transfer Agreement or ACH Agreement must be completed in addition to this application.		

Administrator Information (Indicate an account administrator who will have access to all account and loan information and who will also be able to assign other users to Internet Banking)

Administrator Last Name	First	Middle
Title/Position		
Primary Phone		
Email Address		



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By signing below, I authorize American National Bank to establish the Internet Banking service(s) indicated above. If at any time I decide to have this service discontinued, I understand that I must provide written notification to American National Bank. I also acknowledge and approve the above user as "Administrator" to have access to all deposit and loan accounts. On behalf of the Company, I hereby agree that the Administrator's first use of the Service will signify the Company's acceptance of American National Bank's Internet Banking Terms and Conditions, Internet Cash Management Addendum, and Deposit Account Terms and Conditions.

Applicant's Signature _____ *Date* _____

Printed Name _____ *Title* _____

FAX OR RETURN COMPLETED FORM TO:

American National Bank
4301 N Federal Highway
Oakland Park, FL 33308
Attn: Electronic Banking
Fax: (954) 491-2833 Phone (954) 491-7788