



Business Online Banking Enrollment Form

Date: _____

Company Name:				Business Tax ID	
Company Address:			City:		
State:	MA	Zip Code:		Business Phone:	
Primary Contact:			E-Mail Address:		

Select Online Banking Package:

- Base** View your accounts, transfer funds, download e-Statements at no charge
- Bill Pay** Access Bill Payment Services in addition to Base features at no charge
- Bill Pay Admin designate only one User: _____

Account Information: Please list the accounts you want to access in Online Banking.

Account Number	Access Level	Account Type

Access Level:

- View Only
- Full
- Deposit Only

Account Types:

- Checking
- Business Money Fund
- CD
- Line of Credit
- Loan

BRANCH USE CSR#

Please note:

Users with Administrator rights are given the highest level of account access provided to the Company. Administrators are responsible for assigning account permissions/rights to users without administrator rights.

User Profile 1: (required)

Name:		Business Phone:	
E-Mail Address:		Mobile Phone:	

Assign Administrator Rights? Yes No

User Profile 2: (optional)

Name:		Business Phone:	
E-Mail Address:		Mobile Phone:	

Assign Administrator Rights? Yes No

User Profile 3: (optional)

Name:		Business Phone:	
E-Mail Address:		Mobile Phone:	

Assign Administrator Rights? Yes No

User Profile 4: (optional)

Name:		Business Phone:	
E-Mail Address:		Mobile Phone:	

Assign Administrator Rights? Yes No

User Profile 5: (optional)

Name:		Business Phone:	
E-Mail Address:		Mobile Phone:	

Assign Administrator Rights? Yes No

A Login ID will be sent via secure email to individual users at the email addresses provided.

If you select "yes", any User assigned administrator rights shall have the authority to add new Users. If it is left blank, or no is selected, Users with administrator rights shall not have the authority to add new Users.

Permit Users with Administrator Rights to Add Users? Yes No

Authorization:

By signing below, I authorize access to the Online Banking Service for the individuals listed. I understand that Users assigned administrator rights are able to assign user rights to the Accounts. Additionally, if so authorized above, administrators have the authority to add new users. All users assigned administrator rights will be required to accept the Online Banking Agreement on behalf of the Company upon their initial login to Online Banking.

Print Name

Signature of Authorized Corporate
Officer/Company Owner

Date

To complete this enrollment, please sign and bring to any branch location, fax to 508-389-9385 or mail to: **Middlesex Savings Bank, Online Banking Department, PO Box 5210, Westborough, MA 01581.** If you have any questions, please [call 1-877-463-6287](tel:1-877-463-6287).