

CheckFree Small Business Business Subscriber Enrollment Form



Instructions:

- Please verify all information is correct and complete.
- Fill in any blank fields.
- You must provide valid U.S. addresses and telephone numbers.
- Sign the completed form and return via U.S. mail, fax or email.

Business Information:

Tax ID: _____ Account Number: _____

Name of Business: _____

Address: _____

City, State and Zip: _____

Telephone No.: _____ Fax #: _____ Email Address: _____

Business Contact Information:

SSN: _____ Date of Birth: _____ Email Address: _____

Name: _____

Address: _____

City, State and Zip: _____

Telephone No.: _____ Driver's License No. And State: _____

Service Information:

The person(s) submitting this application is/are acting with full authority for the applying entity. This application for online services has been duly authorized by the Board of Directors, members or general partners, as applicable, of the applying entity. Should this application for online services be accepted, the applying entity;

- Agrees to defend, indemnify and hold the service harmless from any misuse of or unauthorized access to the online services performed on behalf of or in the name of the applying entity;
- Authorizes the business' financial institution to debit the account(s) indicated on this application, for payments requested through the service and for the appropriate monthly bill payment service fee;
- Understands that all service fees will be automatically debited monthly from the designated bank account until further notification to cancel the service is provided and;
- Agrees that use of the service signifies acceptance of all the terms and conditions of the service.

Business Contact's Signature: _____ **Date:** _____

Mail To: First Mid-Illinois Bank & Trust
Business Online Banking
P.O. Box 499
Mattoon, IL 61938

Fax No.: 217-234-2576
Email: DepositSystems@firstmid.com