



# Business Online Banking Request for Services

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

Personal Banker & Extension: \_\_\_\_\_

### **Required information for all Additional Services requested:**

Business Name: \_\_\_\_\_ Organization ID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/ST: \_\_\_\_\_ ZIP+4: \_\_\_\_\_

Primary Administrator: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Tax ID: \_\_\_\_\_ CIF Key: \_\_\_\_\_

### **Please add the following Service(s) to the above referenced Online Banking access:**

Card Manager\*    CentreSuite\*    External Transfers    Bill Pay   (\*link only, prior enrollment required)

Account Number	Add Account To Access	Remove from Access	*Transfer To & From	User ID(s) Affected	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> All	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> All	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> All	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> All	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> All	

Please turn off paper statements for all eligible accounts.\*

\*I am agreeing to have the monthly paper statement discontinued. I understand that at any time I can re-instate my paper statement delivery at the then current fee established by Central Bank & Trust Co. if applicable.

Change Online Banking Administrator(s) who can make inquiries about this Online Banking access:

\_\_\_\_\_  Add as Administrator       Withdraw as Administrator  
 \_\_\_\_\_  Add as Administrator       Withdraw as Administrator  
 \_\_\_\_\_  Add as Administrator       Withdraw as Administrator

**I agree to all terms and conditions related to the use of Business Online Banking, as stated in the Business Online Banking Terms and Conditions.**

Signature of Owner / Principal \_\_\_\_\_ Date \_\_\_\_\_

Signature of Owner / Principal \_\_\_\_\_ Date \_\_\_\_\_

\*A signature of an Authorized account Signer is REQUIRED for every request. If two signatures are required on any account being requested, please provide two authorized signatures.

Additional Fees may apply, please see the Business Online Banking Features or contact your account officer. For additional information on Business Online Banking Services, call (859) 253-6338 or (859) 253-6368

**\*\*\* Please return this form to:**

Central Bank  
Attention: Central**NET** Client Services  
P.O. Box 1360  
Lexington, KY 40588-1360

Or fax to Central**NET** Client Services at 859-253-6108  
Or email: [centralnet@centralbank.com](mailto:centralnet@centralbank.com)  
Or deliver to any Banking Center

**SHADED AREAS FOR BANK USE ONLY**

Processed By: Date:	Verified By: Date:
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