



Business Online Banking Request for Services

Date: _____

Personal Banker & Extension: _____

Required information for all Additional Services requested:

Business Name: _____ Company 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: Internet Banking
P.O. Box 1360
Lexington, KY 40588-1360

Or fax to Internet Banking at 859-253-6323
Or email: 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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