

FIRST BANK & TRUST

820 Church Street Evanston, IL 60201 847/733-7400
 2925 Central Street Evanston, IL 60201 847/733-9600
 100 Green Bay Road Winnetka, IL 60093 847/784-8888



Application

ACCOUNT INFORMATION

Business/Organization Name _____

Type of Business

Corporation Partnership Limited Partnership LLC Not-For-Profit Other _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

E-Mail Address _____

Primary Account Number / Bill Payment Account _____

SERVICE REQUESTED

Basic Package

Includes balance reporting, bill payment, transfers, account history (deposits and loans), stop payments and exporting capabilities.

Enhanced Package

Includes wire transfers and ACH origination in addition to the Basic Package functions.

Charges for these services will be included in account analysis. See Business Express Fee Schedule.

ACCOUNTS TO BE SET UP

	Account Number	Account Title	Transfer Capabilities	
			Transfer To	Transfer From
#1	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#2	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#3	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#4	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
#5	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

AGREEMENT SIGNATURES

I (we) hereby authorize First Bank & Trust to make information regarding my account(s) available through the Business Express Internet Banking product. I (we) have read and understand the Online Banking Terms and Conditions and agree to these terms and conditions. Each person signing below certifies that (1) he/she is signing on behalf of the business/organization in the capacity indicated beside the signer's name; (2) signer is authorized to execute this Agreement on behalf of the business/organization; (3) he/she agrees to be bound by the terms of the Online Banking Terms and Conditions. The business/organization understands that any person who obtains the company's password(s) and company identification number(s) can access linked accounts and assumes all risks and liabilities associated with the disclosure of its password(s) and company identification number(s) to any of its employees or other third parties.

Authorized Signature(s)	Print Name and Title	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FOR BANK USE:
 Authorized signature(s) verified: _____ Officer Name: _____ Date: _____
 Set Up by: _____ Date: _____