

Business Online Banking Enrollment Form

To enroll in Business Online Banking simply complete, print, sign, and return this Enrollment Form. Return the completed form to any Florence Bank location, by fax to 413.584.0471, or mail to the address listed below. If you have any questions please call us at 413.586.1300 or 800.644.8261.

> Digital Banking Department Florence Bank PO Box 60700 Florence, MA 01062

Business Information:

Business Name:		Business Tax ID:
Business Address:		Business Phone Number:
City:	State:	Zip Code:
Business Account/Loan Nu	nmber(s):	
	User Information	1:
Name:	Social Security Number:	Date of Birth:
Home Address:		Home Phone Number:
City:	State:	Zip Code:
Email Address:		Work Phone Number:
Cell Phone Number:	User ID (8-26 alpha and/or nume	rical characters)(No Special Characters):
Signature:		Date:
Print Name:		
Signature of Sole Proprietor is	required if authorized signer is req	uesting online banking.
Signature:		Date:
Print Name:		