

# Online Banking Application

## Commercial Accounts



# WELLS BANK

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

E-mail Address: \_\_\_\_\_

**Account Owner:**

**Accessible Account(s)**

\_\_\_\_\_  
(Account Owning Entity)

\_\_\_\_\_

\_\_\_\_\_  
(Tax ID Number)

\_\_\_\_\_

\_\_\_\_\_  
(Address)

\_\_\_\_\_

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
Authorized User

\_\_\_\_\_  
capacity / title

User authorized for:

Acct. Inquiry

Bill Pay

Transfers

Stop Payments

\_\_\_\_\_  
Authorized User

\_\_\_\_\_  
capacity / title

User authorized for:

Acct. Inquiry

Bill Pay

Transfers

Stop Payments

\_\_\_\_\_  
(Authorized Account Owner)

\_\_\_\_\_  
(Title)

Bring this application into our banking location, fax or mail it to:

Fax: 816-858-2851

Wells Bank of Platte City

P.O. Box 380

Platte City, MO 64079

### Your User ID and password will be mailed to you.

Before using Online Banking, users must first agree to the *Wells Bank Online Banking Service Agreement and Disclosure Statement* which is displayed when first logging-on to Wells Bank Online Banking.

=====  
Date Received: \_\_\_\_\_

User ID: \_\_\_\_\_

Received by: \_\_\_\_\_

ID/Password Mailed \_\_\_\_\_

Processed by: \_\_\_\_\_