

Cost Additional Terminal



The ibuxx program charges the cardholder a flat fee or a % based on their average ticket. Please see the diagram below. To calculate your average ticket take the number of transactions and divide it by the number of transactions.

Company Name: Del's Auto Service
 BeB Company ID: _____

Business Internet Banking Customer Enrollment
 Please complete all information. All documentation must be submitted before setup can begin. Incomplete forms will be returned.

Business Information		Taxpayer ID Number (TIN)	
Company Name	<u>Del's Auto Service</u>	<u>36-2584667</u>	
Street Address	<u>4640 Hwy 100</u>	State	<u>TN</u>
City	<u>Lyles</u>	Zip Code	<u>37098</u>
Phone Number	<u>931-994-7438</u>	Fax Number	_____
Email Address		_____	

Information on Owner(s)
 NOTE: Information will be mailed to the address above, in care of the first owner listed by name below.

Name/Title	Telephone	SSN
<u>Grady D Mathis Jr Owner</u>	<u>931-994-7438</u>	<u>362-58-4667</u>
Primary Contact (Administrator)	Telephone	SSN
<u>Grady D Mathis Jr</u>	<u>931-994-7438</u>	<u>362-58-4667</u>

New Account Setup Information
 NOTE: Balance reporting for multiple deposit accounts can be provided. Please specify A, C, or D for Adding, Changing, or Deleting an Account Number. The account description should be designated by the customer, for recognizing the account on the reports. (For example, Payroll Account, Operating Account) For more than 3 accounts, attach an additional page.

1. Account Number	Account Type	Corporate/Personal	Account Description	Add/Change/Delete
<u>118953013</u>	<u>Checking</u>	<u>Corporate</u>	<u>Del's Auto Service</u>	<u>Add</u>
<input type="checkbox"/> Stop Pay <input type="checkbox"/> Account Reporting <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Bill Pay <input type="checkbox"/> Positive Pay <input type="checkbox"/> ACH Positive Pay <input type="checkbox"/> Business Mobile RDC				
<input checked="" type="checkbox"/> Express Transfer <input type="checkbox"/> From <input type="checkbox"/> To				
2. Account Number	Account Type	Corporate/Personal	Account Description	Add/Change/Delete
_____	_____	_____	_____	_____
<input type="checkbox"/> Stop Pay <input type="checkbox"/> Account Reporting <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Bill Pay <input type="checkbox"/> Positive Pay <input type="checkbox"/> ACH Positive Pay <input type="checkbox"/> Business Mobile RDC				
<input type="checkbox"/> Express Transfer <input type="checkbox"/> From <input type="checkbox"/> To				
3. Account Number	Account Type	Corporate/Personal	Account Description	Add/Change/Delete
_____	_____	_____	_____	_____
<input type="checkbox"/> Stop Pay <input type="checkbox"/> Account Reporting <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Bill Pay <input type="checkbox"/> Positive Pay <input type="checkbox"/> ACH Positive Pay <input type="checkbox"/> Business Mobile RDC				
<input type="checkbox"/> Express Transfer <input type="checkbox"/> From <input type="checkbox"/> To				

BIB Profile Options QuickBooks Business Mobile

(See business fee schedule for product/service fees listed above)

Agreement Signatures
 The Business named above certifies that all information provided is complete, true and correct. The terms and conditions for Business Internet Banking are set forth in the Service Agreement. The Service Agreement will be delivered to the business at the time of enrollment.

Each person signing below certified that he/she is signing on behalf of the business in the capacity indicated beside the signer's name and that such signer is authorized to execute this Agreement on behalf of the business and agrees to be bound by the terms of the Service Agreement. The business understands that any person who obtains the company's passcode and customer identification number can access linked accounts. The business assumes all risk and liabilities associated with the disclosure of its passcode and customer identification number to any of its employees or other third parties.

AUTHORIZED SIGNATURE	PRINT NAME/TITLE	DATE
<u>x Grady D Mathis Jr</u>	<u>Grady D Mathis Jr Owner</u>	<u>5-2-23</u>

Signature card and resolution are attached for each account
 (Documents must be provided to ensure the individual signing the BIB form has proper authority to do so.)

x Tyler Dugger
 (signature of banker completing form)

NO
NO
NO
NO
NO

