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## Business eBanking (eCorp) Application

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Telephone Number: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

E-Mail: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

### Authorization

I certify that I am an Authorized Signer(s) on behalf of the Company, and are authorized to (1) apply for the Foster Bank Business eBanking (eCorp) Service; (2) designate the deposit and loan accounts of the Company that may be used in connection with the services rendered herein; (3) designate the employees of the Company who may use the services and any limitations on such use; and (4) complete and execute all forms, documents and agreements required by Union Center National Bank to use the services rendered herein.

By signing the Agreement the Authorized Signer(s) on behalf of the Company, agrees as follows:

I certify that all the information in this Agreement is true and complete and I agree to notify Foster Bank of material changes to such information.

The Company agrees to be bound by the terms and conditions of its Account(s) as described in the Agreement and such other agreements as may govern specific products or services. The Company further agrees that the Account(s) and services are governed by federal and Illinois law. By causing the Application to be submitted on its behalf, the Company agrees to be bound by the terms and conditions governing the Account(s) linked to E-Corp. Use of E-Corp confirms the Company's acceptance of the terms and conditions governing the Account(s).

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

## Business eBanking (eCorp) Setup Page

A. Account number(s) authorized for level 1 service:

- |    |       |    |       |
|----|-------|----|-------|
| 1. | _____ | 4. | _____ |
| 2. | _____ | 5. | _____ |
| 3. | _____ | 6. | _____ |

B. Names of authorized employees

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

C. Check additional services requested. Additional agreement(s) required:

- |    |                |     |
|----|----------------|-----|
| 1. | Bill Payment   | ___ |
| 2. | ACH Payments   | ___ |
| 3. | Wire Transfers | ___ |
| 4. | Tax Payments   | ___ |

Level 1 service includes:

1. Account view capability.
2. View transactions in date order.
3. Initiate stop payment activity – inquiry, add, delete.
4. Internal funds transfer among above listed accounts.
5. Above authorized employees have full account capabilities.